



City of Albany Parking Violations Bureau PARKING TICKET REDUCTION OFFER APPLICATION

INSTRUCTIONS

- The Parking Violations Bureau may be willing to “reduce” a parking ticket to a lesser violation or a reduced penalty amount if it is determined that the ticket was issued in error or the ticket recipient has good cause for dismissal or a valid legal defense.
- **Please review these instructions carefully. Incomplete applications will be disregarded without notice.**
- Reductions are not available if your car has been booted or towed, if you are on the scofflaw list, or if there is a DMV hold on your registration.
- To receive a parking ticket reduction offer, you must submit 1) this application and 2) copies of the tickets that you would like to request reductions for OR their citation numbers to parkingticketappeal@albanyny.gov or by mail to the City of Albany Parking Violations Bureau, City Hall, 24 Eagle St, Albany, NY 12207 within **20 days** from the date you received the ticket. Information about your ticket, including citation numbers and other outstanding tickets available at <https://albany.rmcpay.com/>.
- The Parking Violations Bureau may request additional information or refer your application to Corporation Counsel for further review. The Parking Violations Bureau will notify you if you are eligible for a reduction.
- All parking ticket reduction offers are subject to modification or may be withdrawn prior to becoming final, will be made exclusively in writing, and must be formally approved, signed and filed by the Parking Violations Bureau before becoming final.
- If you choose not to accept a parking ticket reduction offer, the Parking Violations Bureau will schedule you for a pretrial conference and trial date at the Albany City Court. You **must** appear for any scheduled conference or trial date, and if you fail to appear your parking ticket violation may be entered as a default judgment for the full amount of the violation penalty and applicable late fees and surcharges.

APPLICATION

Please complete all the information below. Illegible or incomplete applications will be disregarded.

Name: _____ **Phone:** (____) ____ - _____
License Plate: _____ **License Plate State:** _____
Email: _____

Citation Numbers:

Please list the citation numbers of the parking tickets you are seeking to reduce below.

Are copies of all the tickets you are seeking to reduce attached?

Yes No

1 _____ 2 _____ 3 _____
 4 _____ 5 _____ 6 _____
 7 _____ 8 _____ 9 _____

Where may we mail the reduction offer?

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Grounds for Reduction:

Please briefly state why ticket should be reduced. You may attach any additional information or evidence that you believe is relevant.