

**VILLAGE OF ENDICOTT
PARKING TICKET APPEAL FORM**

DATE _____

NAME _____

ADDRESS _____

PHONE # _____ WORK # _____

PLATE# _____ TICKET # _____

WHO IS THE REGISTERED OWNER OF THE ABOVE VEHICLE _____

WHO WAS OPERATING THE VEHICLE _____

**BRIEF DESCRIPTION AS TO WHY YOU WOULD LIKE TO
APPEAL YOUR TICKET**

Signature (required)