PLEA / DISPOSITION FORM

City of Rye, NY Parking Violations

1051 Boston Post Rd

Rye, NY 10580

PHONE: (914) 967-7303

SUMMONS NUMBER
NAME
STREET
CITY, STATE, ZIP CODE

E-MAIL ADDRESS
HOME PHONE
WORK PHONE
FAX

Date:_____

I wish to plead:

❒Not Guilty ❒Guilty with an explanation ❒Guilty with a request for waiver of penalties and interest to the above summons because:

_____

❒ **Notice: A false statement made herein is punishable under *Section 210.45* of the Penal Law as a Class A misdemeanor**

_____

Signature of Summons Recipient

Complete this form and mail it in together with the summons. This information will be forwarded for review and determination. You will only be notified of the Disposition to the email address provided above. You may also check the disposition of your appeal at ryeny.rmcpay.com

AUDIT CHECKLIST - TVB USE ONLY	
SUMMONS COPY	❒
GUILTY PLEA SCREEN	❒

AUDITED BY