



FINANCE
NEW YORK
 THE CITY OF NEW YORK
 DEPARTMENT OF FINANCE

PARKING VIOLATION RESPONSE FORM FOR DIPLOMATIC AND CONSULAR PERSONNEL

SUBMIT TO: DIPLOMATIC PARKING REVIEW PANEL, NYC DEPT. OF FINANCE
 66 JOHN STREET, 3RD FLOOR, NEW YORK, NY 10038

This form is provided to diplomatic and consular officials to assist in responding to a notice of parking violation issued to vehicles with Department of State-issued "A", "C" or "D" series license plates. Please complete all sections below and submit this form to the address above within thirty (30) days of the date the notice of parking violation was issued. Include with this form the original notice of parking violation received along with any supporting documentation. Keep copies of everything you submit. If you have questions or require further assistance, you may call the Department of Finance Diplomatic Parking Review Panel at (212) 361-5918 or (212) 361-5950, Monday through Friday, 8am-4pm.

PART 1 REGISTRANT INFORMATION

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Daytime Telephone: _____ Mission/Consulate: _____

PART 2 VEHICLE AND NOTICE OF VIOLATION INFORMATION

CHECK ONE:
 I am: the Vehicle Registrant the Vehicle Operator a Representative of the Registrant/Operator

Vehicle Plate No. _____ Vehicle Make: _____ Number of notices contesting: _____

FILL IN EACH NOTICE NUMBER BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Notice of Violation No. 1 _____ _____ _____ _____ _____ _____ _____ _____ _____
 Notice of Violation No. 2 _____ _____ _____ _____ _____ _____ _____ _____ _____
 Notice of Violation No. 3 _____ _____ _____ _____ _____ _____ _____ _____ _____

PART 3 REVIEW PANEL INFORMATION

CHECK ONE and then COMPLETE EITHER A or B:

I want to contest the notice(s) above: In person (complete A) By Mail (complete B)

A. IN PERSON -- Scheduled by appointment. Please check both the day and time you prefer. You will receive written confirmation of your scheduled appointment.

Monday Tuesday Wednesday Thursday Friday

9am-10am 10am-11am 11am-12am 2pm-3pm 3pm-4pm

B. BY MAIL: Please print a clear and complete statement of why you believe you are not responsible. Include the original notice(s) along with any supporting documentation (statements of witnesses, photographs, diagrams, etc.). Attach additional sheets if necessary.

How do you want to receive the decision: By Mail By Fax -- No. _____

REGISTRANT'S/OPERATOR'S SIGNATURE: _____ **DATE:** _____

AUTHORIZED REPRESENTATIVE'S SIGNATURE: _____ **DATE:** _____

(if different from Registrant/Operator)

NOTE: Submitting a response to the Diplomatic Parking Review Panel or the Diplomatic Parking Appeals Panel does not constitute a waiver of any privileges or immunities to which the Registrant or Operator may be entitled, nor does it constitute his, her or its acceptance of the civil or criminal jurisdiction of the City or State of New York or their respective authorities. By responding to or otherwise contesting the validity of a notice of parking violation, or appealing an adverse decision of the Diplomatic Parking Review Panel, a Registrant or Operator has merely accepted the City's offer of consensual dispute resolution.