FINANCE
NEW • YORK
THE CITY OF NEW YORK
DEPARTMENT OF FINANCE

PARKING VIOLATION RESPONSE FORM
FOR DIPLOMATIC AND CONSULAR PERSONNEL

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

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This form is provided to diplomatic and consular officials and their staff to assist in responding to a notice of parking violation issued to vehicles with Department of State issued 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, call the Department of Finance Diplomatic Parking Review Panel at 212-361-8296.

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 SEPARATE SHEET 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 evidence (statements of witnesses, photographs, diagrams, etc.) Attach additional sheets if necessary.

_____

_____

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

REGISTRANT'S SIGNATURE: _____ **DATE:** _____
AUTHORIZED AGENT'S SIGNATURE: _____ **DATE:** _____
(if different from registrant)

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 may be entitled, nor does it constitute 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 has merely accepted the City's offer of consensual dispute resolution.