



REQUEST FOR TOW HEARING

PLEASE SEE REVERSE SIDE FOR DOCUMENTS YOU MUST PROVIDE TO ACCOMPANY THIS FORM!

PLEASE PRINT LEGIBLY!

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER () _____ - _____

CHECK ONE:

- OPERATOR (*Need notarized authorization*)
- REGISTRANT/TITLE HOLDER

Plate # _____

Date Vehicle Towed: ____ / ____ / ____

Was your vehicle stolen? Yes No Date Vehicle Stolen: ____ / ____ / ____

Were tickets issued during tow? Yes No

If yes, Ticket #(s): _____

I DO HEREBY REQUEST ADMINISTRATIVE ADJUDICATION PURSUANT TO THE PROVISIONS OF SECTION 6-6 OF THE CHARTER OF THE CITY OF ROCHESTER SECTION 111-72 OF CODE OF THE CITY OF ROCHESTER.

DATE: ____ / ____ / ____ SIGNED: _____

SEE REVERSE SIDE FOR INSTRUCTIONS



NOTICE

CHALLENGES TO TOWING AND STORAGE FEES

If you believe that the Towing and Impoundment of your vehicle was improper, and you wish to challenge the fees involved with the towing and storage of your vehicle, this form must be submitted to: ***Parking Violations Bureau, 200 East Main St. Suite B-001, Rochester, NY 14604.***

1. You must submit this form, as your request for a hearing, **within 20 days after the towing or immobilization of the vehicle or within 10 days after the mailing of a notice to the vehicle owner that the vehicle was towed.**
2. The towing and storage fees **must be paid in full** and the vehicle removed from the Impound in order to request a Tow Hearing.
3. The purpose of the hearing is to determine whether the towing and/or impoundment was due to: “probable cause”, the towing was legally justified, or a “lack of probable cause”, which means that the fees for towing and storage will be refunded to you within 6 to 8 weeks.
4. A hearing will be scheduled and you will be notified, by mail, of the scheduled appearance date. **Failure to challenge the fees in a timely manner or to appear at the scheduled hearing shall constitute a waiver of the right to challenge such fees and a forfeiture of a bond or of fees already paid.**
5. Please ensure the following items are submitted with this form:

- | | |
|---|--|
| <input type="checkbox"/> Receipts of payment | [made in full at the Auto Impound] |
| <input type="checkbox"/> Stolen Vehicle & Recovery Report | [if vehicle was stolen at the time of the violation] |
| <input type="checkbox"/> Insurance Letter | [stating towing and storage fees were not covered] |
| <input type="checkbox"/> Notarized Authorization | [if someone other than the Registered Owner] |

For further information with regard to the hearing, please call 585-428-7482.

NOTE: Claims for damage or loss to your vehicle should be filed with the Law Department, 30 Church Street, Rochester, NY 14604. For further information, call 585-428-6949.

Clerk Initials