



**CITY OF YONKERS
ADMINISTRATIVE ADJUDICATION BUREAU
CONSUMER PROTECTION BUREAU
20 SOUTH BROADWAY, 10TH FLOOR
YONKERS, NY 10701-3819
914 - 377 - 6807**

NOTICE OF APPEAL

***IF ANY REQUESTED INFORMATION IS NOT FILLED IN OR ATTACHED, THE FORM WILL BE RETURNED TO YOU.**

TYPE OR PRINT CLEARLY, ANSWERING ALL OF THE FOLLOWING:

I - APPELLANT NAME _____ TELEPHONE _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ SOCIAL SECURITY # _____
BUSINESS/ENTITY/CORPORATION/DBA NAME _____
ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ FEDERAL ID # _____
ATTORNEY (IF ANY) _____

II - HEARING TICKET #(S) TO BE APPEALED _____
DATE OF HEARING ____ / ____ / ____ ADMINISTRATIVE LAW JUDGE _____
TOTAL AMOUNT DUE \$ _____ (MUST BE DEPOSITED IN FULL; ATTACH COPY OF RECEIPT).

III - THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

1. A COPY OF THE DISPOSITION/DECISION SHEET FROM THE ORIGINAL HEARING.
2. A COPY OF RECEIPT FOR PAYMENT OR BOND POSTED FOR THE FULL AMOUNT OF THE DECISION.
3. A COPY OF RECEIPT FOR A NON-REFUNDABLE FILING FEE OF \$10.00, CERTIFIED CHECK OR MONEY ORDER.
4. A COPY OF THE APPELLANT'S ID.

IV - YOU HAVE THE RIGHT TO REQUEST A RECORDING OF YOUR HEARING AT YOUR OWN EXPENSE. IF YOU ELECT TO DO SO, INDICATE IT IN WRITING BELOW. UPON RECEIPT OF YOUR REQUEST, YOU WILL BE NOTIFIED OF THE COST. PAYMENT IN FULL **MUST** BE RECEIVED PRIOR TO THE TRANSCRIPTION.

SET FORTH, IN A CLEAR AND PRECISE STATEMENT, THE FOLLOWING: 1) THE TYPE(S) OF VIOLATION(S) CHARGED; 2) A STATEMENT OF THE FACTS; 3) INDICATE YOUR DEFENSE TO THE VIOLATION(S) CHARGED; AND, 4) STATE THE REASONS FOR YOUR APPEAL OF THE ORIGINAL DETERMINATION. YOU MAY ATTACH AN ADDITIONAL SHEET IF NECESSARY.

CHECK ONE: () I WISH TO () I DO NOT WISH TO APPEAR IN PERSON AT THE APPEAL HEARING.

I HAVE DEPOSITED THE PRESCRIBED DECISION AMOUNT AND I REST MY CASE FOR APPEAL UPON THE STATEMENTS CONTAINED HEREIN OF THE RECORD OF HEARING. I UNDERSTAND THAT THIS APPLICATION MUST BE RECEIVED IN PERFECTED FORM BY THE YONKERS CONSUMER PROTECTION BUREAU WITHIN THIRTY DAYS OF THE DATE OF MY PRIOR HEARING DECISION/NOTICE OR MY RIGHT OF APPEAL IS WAIVED.

DATED ____ / ____ / ____ SIGNED _____