

Lake Placid Police Department

2693 Main St. Suite 104
Lake Placid, New York 12946
518-523-3306
www.lakeplacidpd.com



V&T Reduction Request Form

Name of Defendant: _____

Date of Birth: _____

Address: _____

Charge(s): _____

Ticket Number: _____

Date of Ticket: _____

Arresting Officer: _____

Requested Reduction: _____

Reason why reduction should be granted: _____

Was there an accident: _____ If so, was there injury or Fatality? _____

Name of Attorney if any: _____

Address: _____

Defendant or Attorney

To the Court:

The Issuing Officer would recommend your accepting a plea of guilty for: _____

Date: _____

Issuing Officer