



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: _____ License # & State: _____

Address: _____ Phone #: _____

Charge(s): _____ Ticket #: _____

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/Address of Attorney if any: _____

To the Court:

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

Law/Section: _____ Date: _____

Issuing Officer Signature: _____

Approving Supervisor: _____

(Officer Attach Driver's History)