



**Department of  
Consumer Affairs**

## **VIOLATION DISPUTE REQUEST FORM FOR CONSOLIDATED PAYMENT PROGRAM PARTICIPANTS**

**Important: DCA must receive full payment of all violations, including contested violations, within 30 days of the Billing Statement.**

Participants must submit separate forms and proof for each disputed violation. Email this form and relevant documents to the Department of Consumer Affairs (DCA) within 30 days of the Billing Statement to [DCA\\_CPP\\_Group@dca.nyc.gov](mailto:DCA_CPP_Group@dca.nyc.gov).

### **FOR PARTICIPANT TO COMPLETE**

Today's Date	Billing Statement Date	Violation #	Fine Amount
Participant Name			
Principal/Owner/Management Agent Name			
Compliance Administrator			
Location Address <i>(Refer to the list attached to your Billing Statement)</i>			
Disputed Charges <i>(Refer to the list attached to your Billing Statement)</i>			
Describe Legal and Factual Basis for Dispute <i>(Attach proof and cite section of law, if applicable)</i>			
List Proof Submitted with Request			
Witnesses Who Can Testify that Business Complied with the Law			

### **TO BE SIGNED BY COMPLIANCE ADMINISTRATOR**

Signature	Print Name
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### **FOR OFFICE USE ONLY**

Date Received	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	
Reviewed by:	