

# ECB APPEAL APPLICATION

**You may use this form for your appeal. Please read the instructions carefully. When you have completed the application, choose one of the buttons at the end of the form to file your appeal.**

Date

VIOLATION NUMBER(S)

## INFORMATION ABOUT YOU:

Last Name  Address   
First Name  City  State  Zip Code   
Initial  Phone Number   
E-mail

## REPRESENTATIVE INFORMATION (If Applicable):

Last Name  Business Address   
First Name  City  State  Zip Code   
Initial  Phone Number   
E-mail

## STEPS YOU HAVE TO TAKE TO HAVE ECB DECIDE YOUR APPEAL

1) **Will the appeal be received within 30 days of the mailing date on the hearing decision?**

*Your appeal will be rejected unless it is received no more than 30 days after the mailing date of the decision. This date is below the ALJ's signature on the front of your hearing decision.*

2) **Have you paid?**

*Payment must be made within 20 days of the mailing date of the decision. Payment means you either: paid the penalty, posted a bond or were granted a waiver.*

**- I am requesting a waiver of payment of the penalty because it will be a hardship to pay while my appeal is being decided.**

*If you are requesting a waiver, you must fill out the Financial Hardship Application available on the ECB website at [www.nyc.gov/ecb](http://www.nyc.gov/ecb).*

**3) This is why the decision is wrong.**

*You may only rely on facts or evidence or arguments that were used at the hearing. ECB will not use new facts and arguments to decide your appeal. You have to show that the hearing decision was based either on facts that were incorrect or an error in applying the law, or both.*

**I affirm that I am authorized to complete and submit this application.**

**By clicking a button below, I understand that I am signing and filing this application with ECB and the City agency. This has the same effect as signing by hand.**

**CITY AGENCIES ONLY: Attach proof of service on respondent.**