PETITION FOR PARKING TICKET VIOLATION

TICKET NUMBER:_____ DATE OF TICKET:_____

LICENSE:_____ STATE:_____ VEHILCE MAKE:_____COLOR_____

CODE:_____ CODE DESCRIPTION:_____LOCATION:_____

(please print legibly)

NAME:_____ PHONE NUMBER:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

(please print legibly)

EXPLANATION:

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PLEASE ATTACH ORIGINAL TICKET WITH THIS APPLICATION

I hereby declare under penalty of false statement that the foregoing statement is true.

SIGNATURE:_____ **DATE:** _____

DECISION OF HEARING OFFICER:

ASSESSED:_____ **VOIDED:**_____

HEARING OFFICER:_____ **DATE:**_____