



Monthly Parker Citation Dismissal Request

Name: _____ Employer: _____

Address: _____ Phone #: _____

Location: _____ Citation#: _____

Vehicle: make _____, model _____ and color _____ Plate #: _____

Reason:

I, _____, hereby request that the citation above be voided and/or dismissed. I understand that I may only make this request once within a one-year period, after which I must go through the formal appeal process. Monthly parking accounts must be current and in good standing before this request will be considered. Citations that have already been appealed are not eligible for dismissal by request. I also understand that I have 30 days from the citation issue date to complete this process.

Signature

Date

OFFICIAL OFFICE USE ONLY

Signature of Approval

Date

PARKLYNC Account #: _____