

# Parking Ticket

## Request for Hearing

Ticket Number: \_\_\_\_\_

Location: \_\_\_\_\_

Issuing Deputy: \_\_\_\_\_

Date of Citation: \_\_\_\_\_

I \_\_\_\_\_

*Print Name*

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Do hereby request a hearing or written review of the above citation.

Reason for dispute \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Outcome:** \_\_\_\_\_