

PARKING TICKET HEARING REQUEST

Name _____ Date of Birth _____
(Last, First, Middle)

Address _____

Phone Number _____

Ticket Number _____

_____ **I request a hearing to explain the circumstances.** I agree the infraction was committed but wish to explain the circumstances.

_____ **I request a hearing to contest this Parking Violation.** I disagree the infraction was committed.

Date

Signature