



PARKING TICKET REVIEW REQUEST

NAME: _____

ADDRESS: _____

PHONE # _____

DATE OF VIOLATION: _____

TIME OF VIOLATION: _____

TICKET NUMBER: _____

DETAILED SUMMARY OF REASON FOR REVIEW:

SIGNATURE

DATE

THE CITY OF COATESVILLE WILL NOT HAVE A POLICE OFFICER DISCUSS A PARKING TICKET THAT HAS BEEN ISSUED.

YOU HAVE THE RIGHT TO PLEAD GUILTY OR NOT GUILTY AT THE APPROPRIATE DISTRICT COURT. THIS CAN BE DONE AFTER A CITATION HAS BEEN ISSUED FOR FAILURE TO PAY THE FINE.

THE CITY OF COATESVILLE WILL REVIEW YOUR CONCERN IF GIVEN IN WRITING ON THIS COMPLAINT FORM. THIS MUST BE DONE WITHIN FORTY-EIGHT (48) HOURS OF THE TIME ISSUE.

THE PARKING TICKET IS YOUR RESPONSIBILITY

CPD Office Use Only:

Comments/Outcome: _____

Date/Time of Notification: _____