

Parking Violation Dispute Form

DATE: _____ TICKET NUMBER: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ ALTERNATE NUMBER: (____) _____

DETAILS OF COMPLAINT:

FOR ADMINISTRATIVE USE ONLY
EMPLOYEE NOTIFIED: _____
ACTION TAKEN: _____ VOID _____ REDUCED _____ UPHELD _____ OTHER
COMMENTS: _____ _____ _____
EMPLOYEE SIGNATURE: _____

RESOLUTION

DATE CONTACTED: _____ EMPLOYEE WHO CONTACTED: _____

CONTACTED BY: _____ PHONE _____ IN PERSON _____ EMAIL _____ LETTER

COMMENTS: _____

