



CITY OF OSWEGO

APPEAL REQUEST OF ISSUED PARKING TICKET

Name: _____ Ticket No: _____

Address: _____

Charge(s): _____

License Plate Number: _____

Date & Time Ticket(s) Issued: _____

Location of Violation: _____

Reason(s) for Reduction:

Date of Request: _____ Signed: _____

<u>FOR OFFICE USE ONLY:</u>	
Approved: _____	No fine due
Reduced: _____	Amount due: \$ _____
Denied: _____	Amount due: \$ _____
City Attorney Initials _____	Date _____

PLEASE RETURN ORIGINAL TICKET AND SUPPORTING DOCUMENTATION, IF ANY, WITH THIS REQUEST FORM TO THE OSWEGO CITY POLICE DEPARTMENT, 169 WEST SECOND STREET, OSWEGO, NY 13126 WITHIN 15 DAYS. **PLEASE INCLUDE A STAMPED, SELF ADDRESSED ENVELOPE.**