

Norristown Police Dept. Parking Ticket Appeal

Please print clearly and provide ALL information

I, Mr. / Mrs. _____ wish to appeal a parking ticket issued to my vehicle.

Address: _____

Phone number: _____

Today's Date: _____

Ticket Number: _____

Location: _____

Violation: _____

Reason for appeal: _____

I have reviewed your appeal and your request has been

Approved: _____

Your ticket / citation will be voided immediately.

Denied: _____

If you still feel that you have received this ticket in error you may allow it to go to citation and have a hearing in front of the District Judge. Simply wait for the citation to be mailed to the registered owner's address and then contact the District Court in order to schedule a hearing.

Ofc. Christopher Lefebvre #175
Norristown Police Dept.
(610) 270-0430