



PARKING TICKET COMPLAINT FORM

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

TICKET INFORMATION:

DATE OF ISSUE: _____

METER NO. (IF APPLICABLE): _____ STREET: _____

TICKET NO. _____ VIOLATION: _____

COMPLAINT: _____

Office Use Only:

Ampco Findings: _____

Letter sent: _____