



# Tiffin Police Department Request to Void Parking Citation



Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Phone # where you can be reached: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ License #: \_\_\_\_\_

**Describe the Type of Violation you are disputing, and where the vehicle was parked:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a copy of the parking citation and give your reasons or justification for asking that the parking citation be voided:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Departmental Use Only:**

Your request to have this parking citation voided has been reviewed by the issuing officer and is: *(issuing officer check one of the items below, and sign form)*

**Approved:** The parking citation is voided and you are no longer responsible for payment.

**Disapproved:** You are still responsible for payment of this citation. If you wish to appeal this further you may do so by requesting a hearing with the Tiffin Municipal Court as outlined in City Ordinance 351.99(d).

**Issuing Officer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Issuing officer must notify the petitioner of this decision. This may be done in person or by telephone. If notification is made by phone, forward this form to the records clerk.