



**Tiffin Police Department
Request to Void Parking Citation**

Your Name: _____

Your Address: _____

Phone Number 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: _____

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 Name: _____ Date: _____

Issuing officer must notify the petitioner of this decision. This may be done in person, or by telephone, or by mailing this request back to the petitioner. If notification is made by phone, forward this form to the records clerk.
[Mailing may be done through the records office.]

(Rev. 08/07)