

Reviewer's Signature:

City of Harrisonburg Downtown Parking Services

409 South Main Street Harrisonburg, VA 22801 (540) 432-8928 or (540)432-8922

Request to Review a Parking Violation

This form allows you to request a review of a ticket you received while parking in downtown Harrisonburg. You will have the opportunity to explain any facts and extenuating circumstances regarding your ticket and request a dismissal of the fine.

Please fill out form completely and sign at the be	ottom. Incomplete or unsigne	ed forms may not be reviewed.
Contact Information		
Name:	Today's Date:	
Address:		
Parking Ticket Information: (information ca	an be found on the parking ticke	et)
Ticket No.:	Ticket Date:	
License Tag No.:		Unit#:
Location:	Violation Charge	ed:
Comments Written on Ticket (if applicable): _		
I certify that the above statements are trues.		
Signature:		
Your request will be forwarded to an decision will be made whether or not to dist days, during which time no additional fines to dismiss the ticket is denied, you will need not receive a reply within 7 days, contact Decision of the contract Decis	miss the ticket and you will will be added to this ticked to pay the fine as outline	Il receive a reply within 7 th number. If your request d on your ticket. If you do
******Depa	rtment Use Only******	\$
An administrative review of a parking vi- the request has been:	olation has been complet	ed. Please be advised that
Approved; charge dismissed, no fine is	due.	
Denied; payment is required. Comments:		