

CITY OF EVANSVILLE PARKING DEPARTMENT COMPLAINT & INVESTIGATION FORM

GENERAL INFORMATION

YOUR NAME: _____

REGISTERED OWNER OF VEHICLE (IF DIFFERENT): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

VEHICLE INFORMATION

LICENSE PLATE NUMBER: _____ MAKE/MODEL: _____

CITATION INFORMATION

CITATION NUMBER: _____ DATE: _____ METER NUMBER: _____

REASON YOU ARE CONTESTING CITATION:

<p><u>Citations will NOT be Voided for the following reasons:</u></p> <ul style="list-style-type: none">* Being unaware of State Statutes or Municipal Ordinances<ul style="list-style-type: none">* Failure to read signage* More than 10 days since citation issued* Inability to pay or financial circumstances<ul style="list-style-type: none">* Lost or Misplaced citation* Failure to remove or cancel license plates prior to selling a vehicle<ul style="list-style-type: none">* No one else received a citation* Time constraints <p style="text-align: center;">** Ignorance of the law is not a valid defense **</p>

YOU WILL BE NOTIFIED OF THE OUTCOME OF THIS DISPUTE WITHIN SIX BUSINESS DAYS.

HOW WOULD YOU LIKE TO BE NOTIFIED? E-MAIL _____ OR PHONE _____

SIGNATURE: _____ DATE: _____

INTERNAL USE ONLY:

DATE RECEIVED: _____

OFFICER RESPONSE:

VALID

VOID

APPROVED BY: _____

NOTIFIED VIA: E-mail Phone **DATE NOTIFIED:** _____ **NOTIFIED BY:** _____

YES NO **PRIOR TICKETS VOIDED**