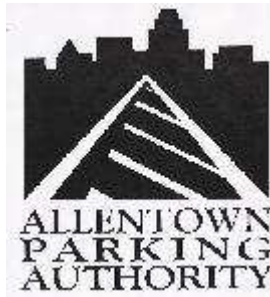


ALLENTOWN PARKING AUTHORITY



PARKING TICKET COMPLAINT FORM

TODAY'S DATE: _____

Please complete the information below EXACTLY as it appears on your ticket.

TICKET NUMBER: _____ DATE ISSUED: _____ TIME: _____ OFFICER #: _____

LICENSE PLATE # _____ MAKE OF VEHICLE: _____ COLOR: _____

LOCATION: _____ VIOLATION: _____

=====

YOUR NAME: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL: _____

Below, please describe why you feel your ticket is not justified.

The date we receive the email will be the date used to determine the date of the complaint and the amount of the fine. The ticket will be placed on suspension pending the outcome of our investigation, at which time you will receive a letter in the mail. Thank you.