



TOWNSHIP OF LOWER MERION  
PARKING SERVICES DEPARTMENT

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: \_\_\_\_\_

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YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please describe why you feel your ticket is not justified.

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You must submit your appeal within ten (10) days of the ticket date. Depending on the nature of the appeal, the delay in getting back to you could be as long as two (2) weeks. A decision will be forwarded to you by phone, mail, or e-mail (indicate preference on form). If your appeal is denied, you will not be penalized for the time delay and you will be allowed to pay the ticket at the initial cost before it is sent to the District Justice.

Preferred Method of Contact: Phone \_\_\_\_\_ Mail \_\_\_\_\_ E-mail \_\_\_\_\_