

## **Citation Review Form**

Please fill out all of the information below if you are submitting for a review of your citation(s) received between Tuesday, January 1st and Sunday, January 6th. All forms must be submitted by 5:00 PM on Thursday, January 31, 2019.

Name:		Citation #:		
Email:		License Plate #:		
Phone #:				
	n be found by logging in to you nasing your permit(s). Winter 1 2019.			
Fall Permit Confirmation #	:	· · · · · · · · · · · · · · · · · · ·		
Winter Permit Confirmation #:		Last 4 digits of the credit card used to purchase your Winter Permit:		
<b>~</b> .		Data		
Signature:		Date:		
ParkEMU office use only:				
I,	(Print Name) acknowle	edge that the required criteria	has been met by the	
applicant of this form. I ap	pprove that the indicated meas	ures below should be complet	ed to close out this review.	
Void:		At the time of the citation(s):		
Refund:	Purchased Fall & Winter Per	mits & Paid Citation(s)		
Coupon:	Purchased Fall Permit, No W	Vinter Permit, Paid Citation(s):		
	Purchased Fall & Winter Permits & Unpaid Citation(s):			
	Purchased Fall Permit, No W	/inter Permit, Unpaid Citation(s):		
Signature:		Date <sup>.</sup>		