

STROUDSBURG BOROUGH PARKING TICKET REVIEW FORM 700 SARAH STREET, STROUDSBURG, PA 18360 PHONE 570-424-7008, FAX 570-421-2690

EMAIL: RWALL@STROUDSBURGBORO.COM

Tickets will not be reviewed without a completed Review Form including your name and a valid **mailing** address.

NAME:	DATE:	
STREET:	PHONE #:	
CTY,ST,ZIP	LICENSE PLATE #:	
VIOLATION #:	TICKET #:	
VIOLATION DATE:	VIOLATION TIME:	
OFFICER BADGE #:	LOCATION:	
REASON YOU FEEL TICKET SHOULD BE	E REVIEWED:	
will review the form and the laws that form and make a decision. While the calendar dayafter the date form was i ticket is excused, you may dispose of	nsible for payment of this ticket if my review is denied. The tapply to the violation. The officer has five business days ticket is being reviewed, no additional penalties will accrureceived by the Borough. You will receive your decision by it. If the review is denied, you have ten calendar days to	to review the le until the 11 th y mail. If your remit the
the ticket to remain unpaid until it pro	or form was received and placed on hold or if you choose, ogresses to a court citation and appear before the District	Magistrate.
If you would like a copy of your review	•	id court costs.
SIGNATURE:	DATE:	
REVIEWING OFFICER:	EXCUSED: DENIED:	
OFFICER COMMENTS:		