



CITY OF OSWEGO

Appeal Request of Issued Parking Ticket

Name: _____ Ticket No: _____

Address: _____

Charge(s): _____

License Plate
Number: _____

Date & Time Ticket(s) Issued: _____

Location of Violation: _____

Reason(s) for
Reduction: _____

Date of Request: _____

Signed: _____

FOR CITY ATTORNEY OFFICE USE ONLY	
Approved: _____	No Fine Due
Reduced: Amount Due \$ _____	
Denied: Amount Due \$ _____	
City Attorney Initials _____	Date _____

Please return original ticket and supporting documentation, if any, with this request form within 30 days to:

Oswego Police Dept.
Traffic Violations Bureau
169 West Second St
Oswego, New York 13126

***YOU MUST INCLUDE A SELF ADDRESSED STAMPED ENVELOPE**