



# 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**