



## City of Leavenworth-Parking Ticket Review

Finance Department  
PO Box 287  
700 US Highway 2  
Leavenworth WA 98826  
509.548.5275

Date: \_\_\_\_\_

*Print or type clearly and completely.*

Name of Driver: \_\_\_\_\_

Name of Registered Owner if Different from Driver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Citation: \_\_\_\_\_ License Plate # of Cited Vehicle: \_\_\_\_\_

Reason for Citation: \_\_\_\_\_

This process is an administrative review. If you feel that the ticket received by you is unwarranted or there are mitigating circumstances, please fill out this form. This form will then be reviewed by the Finance Department and a determination will be made on the merits of your case. This form is required for violation disputes or reviews.

**CAUTION: ANY STATEMENTS MADE ON THIS FORM MAY CONSTITUTE AN ADMISSION ON YOUR PART.**

Reason for Dispute or Mitigating Circumstances:

---

---

---

---

Signature of Driver/Registered Owner: \_\_\_\_\_