



City of Leavenworth
Transportation and Parking Program (TAPP)
PO Box 287
Leavenworth, WA 98826
tapp@cityofleavenworth.com
509.548.5275 ext. 127

Parking Infraction Dispute Form - Administrative Review

Please print or type clearly and completely.

Date: _____ Name of Driver: _____

Name of Registered Owner (if different from Driver): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of Infraction: _____ Infraction Report Number: _____

License Plate # of Cited Vehicle: _____ Make: _____ Model: _____

Reason for Infraction: _____

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

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

Reason for Dispute or Mitigating Circumstances:

Signature of Driver/Registered Owner: _____