

**City of Wilkes-Barre – Police Department  
Parking Enforcement  
Parking Ticket Review Form  
(APPEAL)**

**Instructions:** Please do not send in the original ticket. On the below form, please articulate the reasons you believe the ticket was issued **in error**. You should include the related circumstances and conditions that existed when you parked, and the ticket was issued. Please include any documentation you wish considered during the review. Documentation may include a copy of a handicapped permit, the residential parking permit number, and proof of mechanical repair or medical emergency. **No late fees will accumulate during the review process.** You will be contacted with the decision after the Department's review.

**General Information: (An \* asterisk indicates a required field)**

First Name: \* \_\_\_\_\_  
Last Name: \* \_\_\_\_\_  
HomeAddress: \* \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Appeal: \_\_\_\_\_  
Date of Review: \_\_\_\_\_  
Parking Ticket Number: \* \_\_\_\_\_

**Why do you think the ticket was issued in error? An \*asterisk indicates a required field)**

Please describe why you believe this ticket was issued in error: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail form to:**  
Wilkes-Barre City Police Department  
Parking Enforcement Manager  
15 N. Washington Street  
Wilkes-Barre, Pa. 18701