

REQUEST TO VOID ISSUED PARKING CITATION

CONCORD POLICE DEPARTMENT
P.O. Box 308
CONCORD, NC 28025
Telephone: (704) 920-5000
Fax: (704) 920-6973

Customer Making Request:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF REQUEST: _____

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

CITATION NUMBER: _____

LOCATION OF VIOLATION: _____

VIOLATION CITED (Example: Parked Overtime, In Non-Parking Space, etc.)

EXPLAIN WHY YOU BELIEVE THE CITATION(S) ISSUED TO YOU SHOULD BE VOIDED

FOR OFFICIAL USE ONLY

<input type="checkbox"/> DENIED, DATE _____	<input type="checkbox"/> APPROVED, DATE _____
DATE CUSTOMER WAS CONTACTED: _____	
AUTHORIZED SIGNATURE: _____	_____
Chief of Police	Date