



STROUDSBURG BOROUGH PARKING TICKET REVIEW FORM
700 SARAH STREET, STROUDSBURG, PA 18360
PHONE 570-424-7008, FAX 570-421-2690
EMAIL: RWALL@STROUDSBURGBORO.COM

*Tickets will not be reviewed without a completed Review Form including your name and a valid **mailing address**.*

NAME: _____ DATE: _____

STREET: _____ PHONE #: _____

CTY,ST,ZIP _____ LICENSE PLATE #: _____

VIOLATION #: _____ TICKET #: _____

VIOLATION DATE: _____ VIOLATION TIME: _____

OFFICER BADGE #: _____ LOCATION: _____

REASON YOU FEEL TICKET SHOULD BE REVIEWED: _____

I understand that I may still be responsible for payment of this ticket if my review is denied. The issuing officer will review the form and the laws that apply to the violation. The officer has five calendar days to review the form and make a decision. While the ticket is being reviewed, no additional penalties will accrue until the 11th calendar day after the date form was received by the Borough. You will receive your decision by mail. If your ticket is excused, you may dispose of it. **If the review is denied, you have ten calendar days to remit the original ticket fine from the date your form was received and placed on hold** or if you choose, you can allow the ticket to remain unpaid until it progresses to a court citation and appear before the District Magistrate. However, be aware that if your court appeal is denied, you may be subject to additional fines and court costs. If you would like a copy of your review form, please ask the secretary.

SIGNATURE: _____ **DATE:** _____

REVIEWING OFFICER: _____ EXCUSED: _____ DENIED: _____

OFFICER COMMENTS: _____

