

COMMONWEALTH OF PENNSYLVANIA - BOROUGH OF WILKINSBURG
PARKING TICKET - REQUEST FOR DISMISSAL/APPEAL

Name _____

Address _____
(Street) (City) (State) (Zip Code)

License Plate No. _____ Phone No. _____

I request the attached ticket be dismissed for the following reason:

Signature: _____ Date: _____

**IF YOUR REQUEST FOR DISMISSAL IS UNFOUNDED, ALL TRAFFIC APPEALS WILL BE
SUBMITTED TO DISTRICT COURT 10 AS A STATE CITATION INCURRING ALL STATE
FINES AND COSTS.**