

SPA

Scranton Parking Authority

140 Adams Avenue
Scranton, PA 18503
Telephone: 570/343-6519
Fax #: 570/348-4333

PARKING CITATION COMPLAINT FORM

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE FILED _____ TIME FILED _____

TICKET # _____ DATE OF TICKET _____

OFFICER BADGE # _____ METER # or LOCATION _____

PLEASE EXPLAIN WHY YOU FEEL YOU UNJUSTLY RECEIVED A PARKING CITATION:

SIGNATURE _____

OFFICIAL USE ONLY

OFFICER INQUIRY:

OFFICER NUMBER _____ DATE _____

REASON FOR VIOLATION _____

DETERMINATION:

DATE _____ AUTHORIZED SIGNATURE _____

DETERMINATION _____

ALL COMPLAINTS SHALL BE ANSWERED WITHIN 3 TO 5 DAYS FROM THE DATE CITATION COMPLAINT FORM IS RECEIVED. APPROPRIATE INFORMATION SHALL BE NOTED RESOLVING THE COMPLAINT. NOTICE OF DETERMINATION WILL BE SENT TO ADDRESS ABOVE.