



WYTHEVILLE POLICE DEPARTMENT PARKING COMPLAINT FORM

Please forward this information to:

Wytheville Police Department
185 West Spring Street
Wytheville, Virginia 24382

STATE LICENSE PLATE NO.: _____ STATE ISSUED IN: _____

NAME: _____ PHONE NO.: _____ DATE: _____

ADDRESS: _____ CITY & ZIP: _____

TICKET NO.: _____ DATE ISSUED: _____

VIOLATION: _____ LOCATION: _____

CITIZEN'S STATEMENT (REASON CONTESTING): _____

SIGNATURE: _____ DATE: _____

WYTHEVILLE POLICE DEPARTMENT personnel will identify the scope of the request, conduct initial research and determine if a citizen's dispute appeal is valid. If the request for dismissal is denied, the registered owner of the vehicle can protest the citation to the Wythe County General District Court.

If your request is denied and you wish to appear in Wythe County General District Court, check this box

A Court date will be assigned. It is important to know that when you elect to appear for a hearing:

- you will have waived your right to pay the civil penalty,
- the court may assess additional fines, plus court costs, and,
- violators who fail to appear for court can be found guilty in their absence and assessed additional fees.

If a person does not request an appeal on a parking ticket within 31 calendar days of the issuance of the citation, then this will be considered an admission of liability, and the fine must be paid. For additional information, call the Wytheville Police Department at (276) 223-3300.

PLEASE DO NOT WRITE IN THIS BOX

ADMINISTRATIVE REVIEW RESULTS:

___ The citation is valid, and the penalty must be paid. The amount due is \$ _____. Payment must be received by ___/___/___ or the citation will be considered delinquent and subject to additional late penalties.

___ Your explanation is accepted, and the citation is dismissed. No further action is required.

___ The citation is valid. The amount due is \$ _____. Payment must be received by ___/___/___ or you will be issued a summons to appear in court.

Other/Comments: _____

SIGNATURE: _____ DATE: _____

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