



Mail, fax or deliver the completed and signed form to:

TOWN OF PALM BEACH  
ATTENTION: PARKING ENFORCEMENT  
345 S. COUNTY ROAD  
PALM BEACH, FL 33480  
FAX (561) 835-4736



Read and complete the information below. (Please print and sign at the bottom)

**IF YOU BELIEVE THIS TICKET WAS UNLAWFULLY ISSUED**, please complete this form and return it for review. The Palm Beach Police Department will only rescind tickets which were issued in error. In order to avoid late fees, you may promptly pay your ticket within 7 calendar days **OR** elect a court hearing where your case will be heard before a magistrate. Instructions to elect court are printed on the back of your parking ticket.

Name:	First Name	Last Name
Address:(P.O. Box is not acceptable)		
Telephone Number:		
Email Address:		
I am: (check one)	<input type="checkbox"/> The registered owner of the vehicle described below	<input type="checkbox"/> I had care, control and custody of the vehicle described below at the time of the alleged violation
Please contact me by:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email

Parking Citation(s) issue number:		
Vehicle License Plate information:	Number:	State:
Vehicle Make:		
Vehicle Model:		
Vehicle Color:		

<b>ADMINISTRATIVE USE ONLY (PLEASE DO NOT WRITE IN THIS SPACE):</b>		
Date Received:	<input type="checkbox"/> In person	<input type="checkbox"/> By mail
Employee Name/ ID#:	<input type="checkbox"/> By fax	
Disposition:		
Date Complainant notified:		By:

