

**George C. Brown**  
Mayor

**Joseph Coffay**  
Chief of Police

**WILKES-BARRE CITY  
POLICE DEPARTMENT**



15 North Washington St.  
Wilkes-Barre, PA 18701  
Phone: 570.208.4193  
Fax: 570.208.4187

**PARKING ENFORCEMENT**

## Parking Ticket Review Form (Appeal)

An appeal to the decision on a contested parking ticket requires a **\$5.00** non-refundable filing fee due at the time of the appeal. A check or money order, made payable to *The City of Wilkes-Barre*, can be mailed to the address below. Cash, check or money order can be paid in the Tax Office, 1<sup>st</sup> Floor, City Hall. **Note:** Appeals will not be accepted if made after 30 days of the day of issuance of the parking ticket.

**Instructions:** Please do **not** send in the original ticket. On the below form, please articulate the reasons you believe the ticket was issued **in error**. You should include the related circumstances and conditions that existed when you parked, and the ticket was issued. Please include any documentation you wish considered during the review. Documentation may include a copy of a handicapped permit, the residential parking permit number, and proof of mechanical repair or medical emergency. **No late fees will accumulate during the review process.** You will be contacted with the decision after the Department's review.

**General Information: (An asterisk\* indicates a required field)**

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

City/State/Zip\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Appeal\*: \_\_\_\_\_ Parking Ticket Number\*: \_\_\_\_\_

Please describe why you believe this ticket was issued in error\*:

**A check or money order, along with the Appeal Form can be mailed to:**

Wilkes-Barre City Police Department  
15 N. Washington Street  
Wilkes-Barre, PA 18701

*For Department Use Only*  
**Date of Review:** \_\_\_\_\_