REQUEST TO RESCIND PARKING TICKET

NAME: _____ TICKET NUMBER _____

ADDRESS: _____

DATE OF OFFENSE: _____ OFFICER NO.: _____

REASON FOR REQUEST TO RESCIND PARKING TICKET (attach your ticket to this request and return to the Waterville Police Department, 1 Common St., Waterville ME 04901):

_____

_____

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_____

SIGNATURE: _____ DATE:_____

For Office Use Only:

Rescind approved ☐ Rescind denied ☐

_____ _____

Charles Rumsey, Deputy Chief of Police Date