City of St. Joseph

Request for Dismissal of Parking Citation

Name: _____
Address:_____
City/State/Zip:_____

Please fill out the information on this form. Your request will be referred to the City of St. Joseph Prosecuting Attorney. Allow 1-2 weeks for an official response to your request for dismissal of this parking ticket (s). Return this form to the City of St. Joseph, 1100 Frederick, Room 107, St. Joseph, MO 64501. If you have any questions, please call (816) 271-4760 or (816) 271-4688.

Reason for Dismissal: _____
_____
_____
_____
_____
_____

Ticket Number(s): _____ _____
Signature

Ticket Date: _____ _____
License Plate #: _____ Daytime Telephone

I do solemnly affirm that the facts stated in this Request for Dismissal are true to the best of my knowledge and belief.

To be Completed by City Official

Resolution of Ticket:

- o I will dismiss.
- o I cannot dismiss, but will waive any penalty based upon these facts.
- o I cannot dismiss based upon these facts.
- o I cannot dismiss based upon results from City investigation.
- o I cannot dismiss based upon officer observation.
- o Other

_____
City Prosecutor Date