

CITY OF JOHNSTOWN

Fax 814-533-2084

Email: parking@cojtn.com

TICKET DISPUTE FORM

BUREAU OF PARKING

Phone 814-533-2043

City Hall, Room 103, 401 Main St. Johnstown, PA 15901

The following individual:

Date _____

Name _____

Address _____

Phone _____

Zip Code _____

Indicates that there is good/just cause to dismiss:

Ticket # _____

Badge # _____

License # _____

The good/just cause indicated is as follows:

Medical emergency

Death of family member

Unavoidable delay at medical appointments

Disabled vehicle(must show proof that vehicle was disabled and a reasonable attempt was made to have the vehicle repaired or removed)

Mechanical failure (meter not functioning, missing or illegible sign)

Other (Explain)

By signing below, the issuing officer/employee withdraws the above mentioned ticket.

I do not agree to dismiss the above mentioned ticket