



CITY OF JOHNSTOWN BUREAU OF PARKING
401 MAIN STREET ROOM 103 JOHNSTOWN, PA 15901
PHONE 814-533-2043 FAX 814-533-2084
Email: Parking@cojtn.com

Date _____

The following individual:

Name _____

Address _____

Phone _____

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

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

Other (Explain)

By signing below, the issuing officer withdraws the above mentioned ticket

I do not agree to dismiss the above mentioned ticket