

Southern Pines Police Department

REQUEST FOR REVIEW OF PARKING TICKET

I certify that I am the Owner Operator of a vehicle that received a Parking Ticket from the Town of Southern Pines for a violation of a Town of Southern Pines Ordinance and I request a review of the charge.

By: _____

_____	_____	_____	_____	_____
Ticket #	Issued Date	Time		Officer
_____	_____	_____	_____	_____
Vehicle Make	Model	Color	Plate Number	State
_____	_____	_____	_____	_____
Name	Address		Phone Number	
_____	_____		_____	
Driver License #	State	Social Security #	Violation Section	

Basis for Review: Briefly describe the facts and circumstances regarding your request for review:

I certify that the above facts and statements are true and accurate to the best of my knowledge.

Submitted by: _____

Signature _____ Date _____

Note: This Request for Review is for Town of Southern Pines Parking Tickets **ONLY** and must be received by the Southern Pines Police Department within seven (7) days of the Issue Date on the Parking Ticket. Parking violations written on a North Carolina Uniform Citation must be answered in Moore County District Court.

FOR DEPARTMENT USE ONLY

Date Received: _____ Method: In Person Mail Phone

By: _____ Email Other _____

Review by Captain: _____ Date Received: _____

Narrative:

Final Action:

Ticket Upheld Ticket Withdrawn Other: _____

Vehicle Owner/Operator Notified By: _____ Date: _____

Finance Department Notified By: _____ Date: _____

Signature: _____ Date: _____

Captain

When completed, forward to the Administrative Technician for filing.