

**AUBURN CITY COURT**  
**Parking Ticket Protest Form**  
PLEASE TYPE OR PRINT ALL INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**\*\*COURT USE ONLY\*\***

Results of Court Review

Date Ticket(s) Received	Ticket Number	Type/description of ticket	Void	Fine	Uphold

Why are you asking for a review of your ticket?

If you need more room, please attach an additional sheet.

You must attach a copy of your handicapped or parking permit or kiosk receipt if you claim that as a reason.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Hon. David B. Thurston**  
**City Court Judge**

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