

REQUEST FOR NOTICE OF VIOLATION VOIDANCE

DATE OF REQUEST: _____

NAME OF REQUESTOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: DAYTIME: _____ **EVENING:** _____

OFFICER'S NAME: _____

VIOLATION NUMBER: _____

OFFENSE: _____

REASON FOR REQUEST OF VOIDANCE:

*****TO BE FILLED OUT BY POLICE DEPARTMENT PERSONNEL ONLY*****

REVIEWED BY: _____ **DATE:** _____

VOIDANCE APPROVED: _____ **DENIED:** _____

DATE REQUESTOR CONTACTED: _____