



Request for Dismissal of Parking Citation

Name: _____

Address: _____

City / State / Zip: _____

Please fill out the information on this form. Your request will be referred to the city of St. Joseph prosecuting attorney. Allow 1 - 2 weeks for an official response to your request for dismissal of this parking ticket(s). Return this form to the city of St. Joseph, 1100 Frederick, Room 106, St. Joseph, MO 64501. If you have any questions, please call (816) 271-4760 or (816) 271-4828. Fax number (816) 271-4697. Website: www.stjoemo.info

Reason for Dismissal: _____

Ticket Number: _____

Signature: _____

Ticket Date: _____

Telephone: _____

License Plate #: _____

Fax #: _____

Email: _____

I do solemnly affirm that the facts stated in this Request for Dismissal are true to the best of my knowledge and belief.

***** TO BE COMPLETED BY CITY OFFICIAL *****

Resolution of Ticket:

- I will dismiss.
- I cannot dismiss, but will waive any penalty based upon these facts.
- I cannot dismiss based upon these facts.
- I cannot dismiss based upon results from city investigate.
- I cannot dismiss based upon officer observation.
- Other

City Prosecutor

Date