



Petition For Waiver of Parking Late Fees

Please email this completed form to: CTSADJUDICATIONSERVICES@DALLAS.GOV

Please complete the information below to request a review of the late fees associated with your parking citation. Submission of this form does not guarantee waiver of the late fees. The Hearing Officer will review each request. You must complete one form for each parking fee waiver request. **Please PRINT the following information:**

Do you have a physical copy of the citation? Yes No

Full Name: _____

Phone Number: _____

Email Address: _____

I would like the response emailed to me. **(Please check one):** Yes No

You can also check the status of the request online or contact the Adjudication Office after 3 business days.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Leave 'Home Address' blank if it's the same as your mailing address.

Home Address: _____

City: _____ State: _____ Zip: _____

Vehicle Make: _____ Model: _____

License Plate Number: _____ State: _____

A reason for the request is required:

Citation Number: _____

Reason: _____

I, (Print Name): _____ verify,
under penalty of perjury under the laws of the United States of America, that the above information is true and correct.

Requester Signature: _____ Date: _____