MUST BE RECEIVED BY: \_\_\_\_\_



City of Allentown Bureau of Health City Hall Room 410 435 Hamilton Street Allentown, PA 18101 Phone 610-437-7759 Fax 610-439-5946 www.allentownpa.gov

## VIOLATION TICKET APPEAL REQUEST

If the ticket is upheld or modified, payment in full will be required within 14 days of the date of the appeal decision letter. If the appeal is granted, no payment is needed.

Check/money order made payable to: CITY OF ALLENTOWN

NAME:	DATE:	ADDRESS:
AUTHORIZED REPRESENTATIVE NAME:	L	DAYTIME PHONE NUMBER:
(PLEASE WRITE LEGI If necessary, use	(BLY) State ALL reasons for appeal separate sheet of paper and write tic	. Decision will be based on explanation. ket # in upper right corner.
_		
	FOR OFFICIAL USE ONLY	
Hearing / /		Hearing Officer
Action Taken by Hearing Officer: (C	CHECK ALL NECESSARY)	Hearing Officer
WITHDRAW Ticket	Held for Citation	Reduced to WARNING
UPHOLD Ticket	Check Returned	Other
MODIFIED Fine		