



City of Allentown  
 SWEEP  
 Bureau of Recycling and Solid Waste  
 1400 Martin Luther King, Jr. Drive  
 Allentown, PA 18102  
 610-437-7770  
 Fax 610-437-8732  
 Email: [SweepAppeals@allentownpa.gov](mailto:SweepAppeals@allentownpa.gov)  
[www.allentownpa.gov/recycle](http://www.allentownpa.gov/recycle)

DATE RECEIVED: \_\_\_\_\_

## SWEEP TICKET APPEAL REQUEST

**Instructions:** Type directly on form, or print and complete request form. After completion, options for submittal:  
 In *person* or *mail* to: Bureau of Recycling & Solid Waste, 1400 Martin Luther King Jr. Drive; Fax: 610-437-8732; or “save as”  
 to your electronic device and email as an attachment to: [SweepAppeals@allentownpa.gov](mailto:SweepAppeals@allentownpa.gov)

I am appealing the following SWEEP ticket: Ticket # \_\_\_\_\_

NAME:	TODAY’S DATE:	VIOLATION ADDRESS:
PERMANENT HOME ADDRESS:		DAYTIME PHONE NUMBER:

(PLEASE WRITE LEGIBLY) State ALL reasons for appeal. Decision will be based on explanation.  
 If necessary, use separate sheet of paper and write SWEEP ticket # in upper right corner.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### FOR OFFICIAL USE ONLY

Hearing ____ / ____ / _____			Hearing Officer _____
Action Taken by Hearing Officer: (CHECK ALL NECESSARY)			
_____ WITHDRAW Ticket	_____ Held for Citation	_____ Reduced to WARNING	
_____ UPHOLD Ticket	_____ Modified	Other: _____	

N://FORMS/SWEEPTicketAppealForm



An equal opportunity employer M/F/H

Printed on a minimum of 30% post consumer recycled paper

