City of Allentown
SWEEP
Bureau of Recycling and Solid Waste
641 S. 10th Street
Allentown, PA 18103
610-437-7770
Fax 610-437-8732
www.allentownpa.gov/SWEEP

MUST BE RECEIVED BY: _____

SWEEP TICKET APPEAL REQUEST

I am appealing the following SWEEP ticket: Ticket # _____

NAME:	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 _____ Check Returned _____ Other

_____

N://SWEEP/APPEALS/sweep appeal.doc