

**LAKWOOD MUNICIPAL COURT
CONTESTED PARKING TICKET FORM**

I, _____, wish to contest the parking ticket indicated and plead NOT GUILTY.
(Please Print Name)

I understand that this matter will be scheduled for trial within normal time limitations. I understand the Court will notify me of trial date by regular mail at my address given below.

I understand that I am waiving my right to arraignment and that I will come prepared for trial on the assigned trial date.

Address _____

TICKET NO. _____

Residence Phone: _____ Work Phone: _____ Cell Phone: _____

SS# _____ DOB _____

LOCATION OF VIOLATION: _____ TIME: _____

DATE OF VIOLATION: _____

VEHICLE INFORMATION

MAKE: _____ MODEL: _____ LICENSE NO.: _____

Are you the titled owner of this vehicle? YES NO

If NO, list the name, address and phone number of the titled owner of the vehicle:

Name _____ Address _____

Phone No. _____

(Signed) _____

(Date) _____