



**THE MUNICIPAL COURT OF ATLANTA
PARKING DISPUTE FORM**

To request a court hearing you must submit this form in person, send this form by mail to the address listed below, or e-mail this form to MCParking@atlantaga.gov within 14 days of issuance of the ticket.

Please print legibly when completing this form. Also, please note that a copy of the parking ticket **must** be included so that this request can be properly processed.

Date: _____ Parking Ticket Number: _____

Defendant's Name: _____ Date of Violation: _____

Defendant's Address: _____

City: _____ State: _____ Zip: _____

I wish to appear in court on this case and to have the witnesses, including the officer who wrote the ticket present. I hereby attest that the below statement is true and correct. I also understand the penalty for providing incorrect, false or misleading statements may lead to criminal prosecution.

(Signature)

(Date)

Affidavit (describe why you believe you should not have been ticketed). **Please be specific and print legibly** to ensure your form can be processed in a timely manner.

NOTE: ON APPEAL, THE COURT MAY IMPOSE A PENALTY UP TO \$1,000.00 AS PROVIDED BY LAW.

**THE LENWOOD A. JACKSON SR. JUSTICE CENTER
150 Garnett St., S.W. Atlanta, GA, 30303-3612
888-266-1360
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