Quality of Life Violation Ticket Appeal Form

Ticket Number:	Date Ticket Issued:
Name (Person Appealing Tick	et):
Address:	
City:	State: ZIP:
Phone #:	Date of Appeal:
Explain why you believe the ti	icket was issued in error or should be excused:

Appeals will be considered by the City Administrator, who will render a decision within thirty (30) days of the appeal. You will be notified of the decision using the contact address you provided above.

Payment for fine MUST be included with all appeals.

Checks should be made payable to "City of Pottsville." Return to:

City of Pottsville
Attn: Quality of Life Enforcement
401 N. Centre St.
Pottsville, PA 17901