



121 North Fourth Street, West Branch, Michigan 48661
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The City of West Branch is an equal opportunity provider, employer, and lender

TICKET WAIVER REQUEST

Ticket Number: _____ Date Ticket was Issued: _____
Name: _____ Phone Number: _____
Email: _____ Number of Prior Waivers: _____
Mailing Address: _____

Reason for Request:

- Valid handicap permit, forgot to display/improperly displayed
Details: _____

- Intoxicated with no designated driver **(ONE-TIME ONLY)**
Details: _____

- Other (please describe): _____

I understand that by signing below I am requesting a waiver of a City-issued parking ticket; however, I also understand that there is no guarantee that my request will be granted, and that the granting of ticket waivers depend on the totality of the circumstances, as assessed by City personnel. I further understand that multiple ticket waivers are not allowed, and that waivers are limited to one (1) per registered driver (meaning that if my waiver is approved, I am no longer eligible to receive any additional waivers at any time in the future). In addition, I also understand that once City personnel has had an opportunity to review my request, I will be contacted and informed of the decision. I further understand that if my waiver request is denied, I will be required to pay the entire fee associated with the ticket within 10 business days of being notified of the denial.

Signature of Applicant Date

For Office Use Only Approved Denied
Reason for Approval/Denial: _____

Printed name and signature of City employee processing the waiver Date