



BELLEFONTE BOROUGH POLICE DEPARTMENT

EXONERATION REQUEST

DATE _____ TICKET NUMBER _____

NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

EMAIL _____

TO THE MAYOR:

I HEREBY REQUEST EXONERATION OF THE ATTACHED TICKET FOR THE FOLLOWING REASON(S):

SIGNED: _____

****YOU WILL BE NOTIFIED BY EMAIL OR PHONE IF THE TICKET IS ACCEPTED / DENIED FOR EXONERATION ****