

**Metropolitan Patrol**  
**Parking Violation Request Form**  
Attention Communications Unit

Account Name: \_\_\_\_\_

Requested By: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Vehicle Description**

This vehicle is located at: \_\_\_\_\_

Color: \_\_\_\_\_

Approximate Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Body Style: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

State & Expiration Year: \_\_\_\_\_

**Violation Information**

- |   |  |
|---|--|
| <input type="checkbox"/> Abandoned / Not Driven                       | <input type="checkbox"/> Expired License Plates      |
| <input type="checkbox"/> No License Plates                            | <input type="checkbox"/> Disrepair                   |
| <input type="checkbox"/> Parked In A Fire Lane                        | <input type="checkbox"/> Parked In A No Parking Zone |
| <input type="checkbox"/> Parked In A Handicap Space                   | <input type="checkbox"/> Double Parked               |
| <input type="checkbox"/> Blocking Traffic                             | <input type="checkbox"/> Flat Tire                   |
| <input type="checkbox"/> Fluid Leak                                   | <input type="checkbox"/> Eye Sore                    |
| <input type="checkbox"/> Parked In A Paid Space Without Authorization |  |
| <input type="checkbox"/> Other Please Specify: _____                  |  |

Please fill in as much information as possible. All of the requested information does not need to be filled out for a violation to be issued.

When completed please fax to Metropolitan Patrol (816)842-4441.  
Any questions please feel free to contact Administration.

**For Metropolitan Patrol Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

District Officer: \_\_\_\_\_

Stickered On: \_\_\_\_\_ By Unit: \_\_\_\_\_

Tow Date: \_\_\_\_\_ Towed By: \_\_\_\_\_