

WRONG METER COMPLAINT FORM

DATE: _____

To Prosecutor,

On _____ I was parked on meter # _____, but I paid for meter # _____.

Please attached Parking receipt, Ticket Number and License Plate Number.

NAME _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Email this completed form to Court@westfieldnj.gov

Fax # 908-654-1520