

**TOWN OF SULLIVAN'S ISLAND  
MUNICIPAL COURT**



**Request a Review or Court Date for a Parking Ticket**

The Clerk of Court will contact you after processing your request.

Date of Request: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Ticket Number(s): \_\_\_\_\_

Officer Name: \_\_\_\_\_

Ticket Date: \_\_\_\_\_

Please note: You have 10 days from the date of the ticket to request a court date