

**MUNICIPALITY OF KINGSTON  
500 WYOMING AVENUE  
KINGSTON, PENNSYLVANIA 18704  
570-288-4576**

**I, \_\_\_\_\_, do hereby Appeal the Quality of Life violation # \_\_\_\_\_  
summoned on \_\_\_\_\_ by \_\_\_\_\_. All paperwork,  
including the appeal form, must be submitted and complete. Payment of the fine must be paid in  
full, which will be refunded within thirty (30) calendar days should the alleged violator win the  
appeal.**

**NAME: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**TELEPHONE: \_\_\_\_\_**