



112 S. 17th  
Parsons, KS 67357  
(620) 421-7000

## ***Citizen Mask Citation Form***

### ***Offender***

Name of Violator or Business: \_\_\_\_\_

Address of Violator or Business if Known \_\_\_\_\_

Phone Number of Violator: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female      \_\_\_ Hair Color      \_\_\_ Eye Color

Address of Violation: \_\_\_\_\_

Date and Time of Violation: \_\_\_\_\_

Describe violation observed, including physical description if identity is unknown:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Persons Filling out Citation***

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

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

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

I understand that in order for Parsons Municipal Court to successfully prosecute a person or business for violating City Ordinance 6469, it might be necessary for me to testify in Court.

(Check One)

- I am willing to testify in Court if it becomes necessary.
- I am not willing to testify in court and understand this might hinder the City of Parsons's ability to prosecute the offender.
- I would only like to have a warning mailed to the alleged violator and not other legal action at this time.

*I certify the facts to be true and accurate under penalty of perjury K.S.A. 21-5903 (Level 9 Non-person Felony)*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Turn this form into **Parsons Municipal Court** 112 S 17th Parsons, KS 67357 Phone (620) 421-7030