

# Parking Ticket Appeal

All Appeal Decisions are Final

Citation # \_\_\_\_\_

Appeal Date \_\_\_\_\_

Plate # \_\_\_\_\_

Ticket issue Date \_\_\_\_\_

Meter# \_\_\_\_\_

Location \_\_\_\_\_

Registered Owner : Yes \_\_\_\_\_ No \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Address you want Appeal mailed to if different than above

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Email Address for Response to this Appeal

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Reason why you are Appealing?

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Comment by SGT/Supervisor:

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