



Parking Ticket Appeal Form

TODAY'S DATE: _____ PARKING TICKET #: _____

DATE OF TICKET: _____ LICENSE PLATE # & STATE: _____

NAME: _____

MAILING ADDRESS: _____

PHONE #: _____

I, _____ present the following information as an explanation or defense to the parking ticket received:

By submitting the above information, I acknowledge that:

- This is an administrative review and I do not have to appear in court. This form and explanation is reviewed independently by Police Department personnel.
- If the administrative review is denied, I am obligated to pay the base fine within seven (7) days of written notice of denial. If not paid in the seven (7) days, late fees will begin to accrue.
- I will only be notified, in writing, if the appeal is denied.

Signature

Date

Office use only:

Received date: _____

Received by: _____