

PARKING TICKET APPEAL

Request Date: _____ **Time:** _____

Name: _____

Address: _____

City, State: _____ **Zip Code:** _____

Contact Number: _____

Parking Ticket #: _____ **Date Issued:** _____

Parking Violation: _____

Reason for Request: _____

** THIS SECTION FOR OFFICAL USE ONLY **

Appeal Date: _____ **Time:** 1:00 PM to 3:00 PM

Hearings Officer: _____

Approved **Denied** **Other (see Comments)**

Comments: _____
