



PARKING CITATION APPEAL FORM

Rev: 2 | Revision Date: 10/29/2021

Date of Request: _____ (required) Amount Due: _____ (required)
Name: _____ (required) License Plate: _____ State: _____ (required)
Street Address: _____ (required) Vehicle Make: _____ (required)
City: _____ State: _____ Zip: _____ (required) Email-address: _____ (required)

Citation#: _____ Issue Date: _____ (required)
Violation Description: _____ (required)
Violation Time: _____ (required)
Reason for Appeal Hearing: (required)

Initial (required)

I hereby certify that I had complete care, control and custody of the vehicle described above at the time of the alleged violation and the statements made above are true and accurate.

or

I hereby certify that I am the registered owner of the vehicle described above and the statements made above are true and accurate.

Print Name: _____ Vin #: _____ (required)

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Signature: _____ (required) Date: _____ (required)