



Your hearing is scheduled for:

Date: _____

Time: _____

City Hall, First floor City Council Chambers

*Hearings are currently not being held until further notice

REQUEST TO APPEAL PARKING TICKET

Name _____ Ticket # _____ Date Issued _____

Your Address _____ City _____ Zip code _____

Registration # _____ Violation Code _____ Vehicle Make _____

Telephone # _____ Would you like a hearing or appeal just in writing? Hearing* In Writing

I wish to appeal this parking ticket for the following reason(s):

Multiple horizontal lines for writing the reasons for appeal.