



Name:

Date:

Address:

Street or Box/City/State/Zip

Telephone #: - -

Citation #:

License Plate #:

**Reason for Appeal:**

**For Office Use Only**

Verified by: \_\_\_\_\_

Disposition: Upheld Denied Reduced Amount Reduced \$ \_\_\_\_\_

Comments:

Asst. Manager of Parking Services: \_\_\_\_\_