

PARKING TICKET APPEAL FORM

Date of Appeal: _____

Name of Appellant: _____		Date of Birth: _____
SS#: _____ DRIVERS LICENSE #(state of issue): _____		
OF (Permanent STREET Address) _____ and, (Local STREET Address) _____ and, (Post Office or Granite Square Station Address) _____		
VEHICLE MAKE/MODEL: _____ PLATE # and STATE: _____		
HOME PHONE:	LOCAL PHONE:	WORK PHONE:
CELL PHONE:	PAGER:	E-MAIL:

Date of Parking Ticket Issuance: _____

Parking Ticket #: _____ Time of Issuance: _____ Place of Issuance: _____

Reason for Appeal (Please check one or more causes for appeal, as applicable):

- | | |
|--|---|
| <input type="checkbox"/> There Was No Sign Posted | <input type="checkbox"/> I Only Parked In The Spot For A Minute To Run Into |
| <input type="checkbox"/> The Parking Meter Was Not Working | _____ |
| <input type="checkbox"/> The Parking Meter Would Not Accept Coins | <input type="checkbox"/> Snow Covered The Signs |
| <input type="checkbox"/> The Parking Meter Was Jammed | <input type="checkbox"/> Snow Covered the Pavement Markings |
| <input type="checkbox"/> The Parking Ticket Was Issued Before My Time Ran Out | <input type="checkbox"/> My Car Was Only Partially On The Sidewalk |
| <input type="checkbox"/> I Wasn't Parked There All Night, Only Until _____ AM/PM | <input type="checkbox"/> Cars Could Get Around My Car |
| <input type="checkbox"/> A Proper Parking Permit Was Displayed | <input type="checkbox"/> I Was Working At _____ |
| <input type="checkbox"/> I Had A Proper Parking Permit, But Did Not Display It | <input type="checkbox"/> I Was Making Deliveries For _____ |
| <input type="checkbox"/> My Permit Was On My Other Car | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> A Proper Handicap Permit Was Displayed | _____ |
| <input type="checkbox"/> I Had A Handicap Permit, But Did Not Display It | _____ |
- (Use reverse side for additional information)

Appellant Signature: _____ Date: _____

*****Administrative Use Only*****

- | | |
|---|---|
| <input type="checkbox"/> Sign Properly Posted | <input type="checkbox"/> Meter Working Properly |
| <input type="checkbox"/> Sign NOT Properly Posted | <input type="checkbox"/> Meter NOT Working Properly |

PEO Initials: _____ Date: Signs/Meters were checked: _____

- | | | |
|--|------------------|-------------|
| <input type="checkbox"/> APPEAL APPROVED | Signature: _____ | Date: _____ |
| <input type="checkbox"/> APPEAL DENIED. | Signature: _____ | Date: _____ |

Summons to appear in court issued: _____