



**Please note: you may request an appeal only if a “not guilty” plea was entered at the original hearing. An appeal request must be submitted within thirty (30) calendar days from the date of the finding.**

**APPEAL REQUEST FORM**  
**Print clearly or type all of the following:**

**1. Appellant Information:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. Original Hearing Information:**

Ticket Number	Hearing Date	Determination	Fine Due	Examiner and/or ID#

**3. The following documents should accompany this application.**

- A. Disposition slip(s) from the original hearing
- B. Receipt for money placed in **escrow**\*
- C. Copy of original summons/ticket

**\*Please note: Any fines due which are not submitted with this application and placed in an escrow account with the Parking Violations Bureau will continue to be subject to further judgment, booting or other collection efforts.**

\_\_\_\_\_  
SUPERVISOR'S INITIALS

\_\_\_\_\_  
CLERK'S INITIALS

**See reverse side. Both sides must be completed.**



