



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.



See side one. Both sides must be completed.

Set forth the following in a clear, concise statement.

1. Type of violation(s) charged
2. Statement of facts
3. Reasons for your appeal of the original determination

Submit all evidence material previously presented at the original hearing. No new evidence will be accepted.

I rest my case for appeal on the statement contained herein and on the record of the hearing. I understand that this application must be received in perfected form by the Parking and Municipal Code Violations office within thirty (30) calendar days of my original hearing or my right to appeal is waived.

Check one: () I wish to appear.
 () I do not wish to appear.

Date _____

Signed _____