PARKING CITATION APPEAL FORM -- OFFICE OF THE CITY CLERK

Bloomington, Indiana

PLEASE COMPLETE ENTIRELY AND LEGIBLY

Were you the driver who received the citation?

Yes □ No □

Name of car owner:_____

Driver's Information:

Name_____

Telephone_____

Address_____ APT_____

City/State/Zip_____

Email_____

Citation # (s) _____

_____

_____

_____

_____

Date of citation(s)_____

License Plate #_____

Permit # (if applicable) _____

Rationale for Appeal (Continue on the back if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby affirm that all statements made by me are true and accurate, and that anything that is false, misleading, or missing may be used for further action against me or as grounds for cancellation of this appeal.

Signature_____ Date_____

OFFICE USE

Intake_____ Put on Appeal_____ Scanned_____ Decision_____

MONGUY