



CITY OF BLOOMINGTON  
Office of the City Clerk | 401 N. Morton St. | www.bloomington.in.gov

### Parking Citation Appeal Form

Were you the driver who received the citation?  
Yes  No

Citation # (s) \_\_\_\_\_

Name of car owner: \_\_\_\_\_

**Driver's Information:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_ APT \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Date of citation(s) \_\_\_\_\_

License Plate # \_\_\_\_\_

Permit # (if applicable ) \_\_\_\_\_

Rationale for Appeal:

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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 \_\_\_\_\_