



# Appeal of Trash Citation to the Board of Public Works

**City of Bloomington**  
**Department of Public Works**  
**401 North Morton Street, Suite 120**  
**Phone (812)349-3410**  
**Email: Public.Works@Bloomington.IN.gov**

Please complete this form in its entirety. Use black or blue ink only and Print legibly. A copy of the Trash citation you were issued **MUST** be attached to this form. You are encouraged to attach all documents that you believe support your appeal. **All of these documents must be submitted within seven (7) days** after the Trash citation was issued. The Board of Public Works will primarily consider the written materials submitted, including: this appeal form, documents you provide, a statement from the police officer including any complaints made, and staff recommendations. In addition, on the date given below, you will have the opportunity to speak to the Board for two minutes. You will be notified of the Board's decision by first class mail. If your appeal is denied, you may file an appeal with the Monroe County Circuit within seven (7) days from the date of the Board's decision.

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Citation Number: \_\_\_\_\_ Date on Trash Citation: \_\_\_\_\_

(Located in the top right hand corner of the citation)

Local Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You may continue on another page if necessary)

On this day, I submitted my completed appeal of Trash citation and received the date of \_\_\_\_\_  
When the Board of Public Works will consider my appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For use by Public Works:**

Date Appeal Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Appeal Forwarded to Legal Department: \_\_\_\_\_