CITY OF DECATUR

PARKING TICKET APPEAL FORM

Date: _____

Name of vehicle owner: _____

Address: _____

City/State/Zip: _____ Daytime Phone: _____

HANDICAP TICKET APPEAL only:

Name of placard owner (if different from vehicle owner) _____

PLEASE ATTACH WITH APPEAL:
COPY OF PLACARD
COPY OF PHOTO ID OF VEHICLE OWNER
COPY OF PHOTO ID OF PLACARD OWNER (if not vehicle owner)

TICKET INFORMATION (please attach copy of ticket with this appeal):

License Plate # _____ Date Ticket Issued: _____

Ticket # _____ Location: _____

Reason for Appeal (use back if necessary): _____

_____

_____

_____

_____

_____

INSTRUCTIONS

Please be sure to fill in the form completely. Your name and address is needed so the final disposition of your appeal can be sent to you. A phone number is needed where you can be reached during the day if additional information is required.

Depending on the nature of the appeal, the delay in getting back to you could be as short as one (1) day or as long as two (2) weeks. Depending on the results of the investigation, your ticket may or may not be waived. If it is not waived, you will not be penalized for the time delay and you will be allowed to pay the ticket at the initial cost.

Please return this form to:

City of Decatur
Finance Department
#1 Gary Anderson Plaza
Decatur, IL 62523
(217)424-2702

OFFICE USE ONLY:

APPEAL DECISION: DENY [ ] WAIVE [ ] OTHER [ ] by: _____

REASON: _____

_____