

**CITY OF MUSCATINE-PARKING DIVISION
CITY HALL, 215 SYCAMORE STREET
MUSCATINE IOWA 52761
563-264-1550**

PARKING TICKET APPEAL

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

This process is an administrative review. If you feel the ticket you received is unwarranted or there were extenuating circumstances, please fill out this form. The Administrative Review Panel will review the form. A determination will then be made on the merits of your case, taking into consideration your comments and those of the issuing officer. You will be notified in writing of this decision. If you receive an unfavorable response, the matter may be taken before a magistrate for judicial determination.

LICENSE PLATE _____

VIOLATION _____

TICKET NUMBER _____

CHARGE \$ _____

DATE OF TICKET _____

SIGNATURE REQUIRED _____

TODAYS DATE _____

APPEALER, PLEASE COMPLETE THE INFORMATION REQUESTED ON NEXT PAGE

CASE# _____

APPEALER'S COMMENTS

CAUTION: Statements on this form may constitute admission on your part.

OFFICER'S COMMENTS

OFFICER

RETURN TO PARKING OFFICE

OFFICER'S SIGNATURE

OTHER COMMENTS

SIGNATURE

CASE #
