



PARKING TICKET APPEAL FORM

Name: _____ Date Filed: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Ticket #: _____ License Plate #: _____

Make of Car: _____ Year of Car: _____ Color: _____

Location of car when cited: _____

Reason for appeal:

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this appeal may be necessary in arriving at a decision. I understand that this application is not intended to be a guarantee of appeal.

Signature

Date

*In addition to completed form, a photocopy of the citation is required for a appeal process.

Please submit to:
City of La Porte Police Department
1206 Michigan Ave.
La Porte, IN 46350