



## PARKING CITATION APPEAL SUBMISSION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Violation # \_\_\_\_\_

Officer # \_\_\_\_\_

Vehicle Plate # \_\_\_\_\_

Or VIN # \_\_\_\_\_

Date of Submission of Appeal: \_\_\_\_\_

Have you appealed a parking violation with City of Helena Parking before? YES NO

Please tell us why you believe the violation was written in error:

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**DO NOT WRITE BELOW THIS LINE – HPC USE ONLY**

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OFFICER REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_

ADJUDICATION: VALID INVALID

RATIONALE:  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF DECISION: \_\_\_\_\_

BY: \_\_\_\_\_

DATE OF NOTIFICATION OF TICKET HOLDER: \_\_\_\_\_

Please complete this appeal and submit it to City of Helena Parking, 225 S. Cruse Ave., ***within 10 days of receipt of the citation.***

Your appeal will be reviewed and you will be notified of the decision within 10 days of submission.