



# PARKING CITATION APPEAL SUBMISSION

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

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

Vehicle Plate# or Vin# \_\_\_\_\_

Date of Citation Issued: \_\_\_\_\_

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 – Helena Parking USE ONLY**

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

PARKING MANAGER REMARKS: \_\_\_\_\_

ADJUDICATION: **VALID** **INVALID**

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

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

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

DATE OF NOTIFICATION OF TICKETHOLDER: \_\_\_\_\_

Please complete this appeal and submit it to City of Helena Parking, 225 S. Cruse Ave., ***within 15 days of receipt of the citation.***

Your appeal will be reviewed and you will be notified of the decision within 15 days of submission.