CITY OF DECATUR

PARKING TICKET APPEAL FORM

Return form to: City of Decatur
Finance Department
#1 Gary K. Anderson Plaza
Decatur, IL 62523
(217) 424-2702

INSTRUCTIONS: Please be sure to fill this form in completely. Your name and address are required. You will not be penalized for any time delay while your appeal is being reviewed. Your phone number is required in case additional information is needed for your appeal. Be sure to attach any information that may support your statement.

Name of Vehicle Owner: _____ Date _____

Address: _____

City/State/Zip Code; _____ Phone # _____

TICKET INFORMATION

Citation # : _____ **Date Issued :** _____

Location : _____ **License Plate # :** _____

Reason for appeal (use back of form if necessary):

_____

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OFFICE USE ONLY

APPEAL DECISION: **Deny [ ]** **Waive [ ]** **Late Fee Reduction [ ]** **Other [ ]**

Explanation:

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