



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. Your phone number is optional but could be helpful in case additional information is needed for your appeal. During the time your appeal is being processed, the time for assessing late fees will be put on hold. Be sure to attach any information that may support your appeal.

PLEASE NOTE: All appeals must be received within 14 days of the date the ticket was issued. Ticket penalties double seven days after the date the ticket was issued. If you file an appeal between the 7th and 14th days and your appeal is denied, you will be required to pay the initial penalty PLUS the late fees. Late fees are not appealable under any circumstances. Appeals received after 14 days after the date of the issuance of the ticket will not be accepted.

Name of Vehicle Owner: _____ Date: _____

Address: _____

City/State/ZIP Code _____ Phone: _____

**** All information below is required. ****

TICKET INFORMATION

Citation #: _____ Date Issued: _____

Location of vehicle when ticketed: _____

License Plate #: _____

Reason for Appeal (use back of form or additional page if necessary): _____

