TICKET APPEAL FORM

!!! Please attach a photo copy of ticket and write clearly or print !!!

DATE FILED: _____

Type of Ticket: □ PARKING □ CODE ENFORCEMENT □ ORDINANCE VIOLATION

NAME: _____ PHONE#_____

ADDRESS: _____
Number Street City State Zip

DATE OF TICKET: _____ TICKET NUMBER: _____

REASON FOR TICKET: _____
(Example: Time Zone, Handicapped, Failure to license, Public Nuisance, etc.)

LOCATION OF TICKET: _____
Address/Block Number Street Name

For Parking Tickets: Make of Car: _____ Color: _____

License Plate #: _____ License Year: _____

REASON FOR APPEAL:_____

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USE BACK OF FORM IF MORE SPACE IS NEEDED

SIGNATURE: _____ PRINTED NAME:_____

Please return this completed form to: Ordinance Violation Bureau, RM 455, County-City Building 227 W. Jefferson Blvd. South Bend, IN 46601
Or by FAX: 574.235.9173

The form will be reviewed by the City Attorney's Office and a determination will be made regarding the validity of your ticket. You will be advised in writing of the determination. Payment is not made unless your appeal is denied.