



Date:

Name:

Address:

City:

Phone:

State:

Zip:

Ticket #:

Officer:

License Plate #:

Parking Violation Cited:

Please describe your reason for the appeal of this ticket:



Please remit this form to:

City of Bloomington
ATTN: Parking Violations
PO BOX 3157
Bloomington, IL 61702-3157

Date:

FOR OFFICE USE ONLY

Ticket has been dismissed.

Appeal has been denied. ‡

‡ Ticket can be paid for the face value if paid within 7 days of receiving this notice.

Comments: