

Application for Appeal of Citation

Last Name: _____ First Name: _____ Middle Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Country: _____ Zip/Postal: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Citation Number: _____

Citation Date: _____

License Plate: _____ State: _____

Reason for Appeal:

Include any documents, photos, etc., that you believe may support your appeal request.
(These documents will not be returned.)

I agree and understand that pending the determination of this appeal; any further appeals that may be available for this citation are my sole responsibility.

Signed: _____ Date: _____