PARKING TICKET ADMINISTRATIVE REVIEW FORM

APPEALER: PRINT CLEARLY & COMPLETELY (FIRST PAGE ONLY)



| Date: | | | License Plate #_ | License Plate # |
|---|---|--|---|-------------------------------|
| | | | Ticket 1# | |
| | | | Amount \$ | |
| Name | | | License Plate # | License Plate # |
| - | | | Ticket 3 # | |
| City | State | ZIP | Amount \$ | |
| Email | | | | |
| form. Such request sl complete such review member panel with a dismiss any parking tunpaid parking fines the such as the such | hall be completed within within the 20 day perio determination based of clicket for good cause a hen owing by the driver a "not dismissed" decis AS ACCUMULATED 5 (Iowa City Code of OrdaTEMENTS MADE OF FOR VIOLATING HARMIT # TO ALLOW VE | n twenty (20) calendard waives your opport on the defenses or mand any fine monies or owner charged. sion, you may have 0 OR MORE DOLL. dinances) ON THIS FORM MANDICAPPED PARKIERIFICATION: | ar days from the date the parking tick unity for an administrative review. So nitigating circumstances set forth or paid towards the reviewed parking the matter brought before a judicial ARS IN PARKING VIOLATIONS MAY CONSTITUTE AN ADMISSIC NG REGULATIONS AND YOU PC | OSSESS A VALID PERMIT, PLEASE |
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| SIGNATURE | | | DATE | |
| DAY PHONE: | HO | OME PHONE: | | |
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DO NOT WRITE BELOW THIS LINE. RETURN COMPLETED FORM TO PARKING DIVISION, CITY OF IOWA CITY, 335 IOWA AVE., IOWA CITY, IA 52240

| CITY USE ONLY: | |
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| OFFICER #1 COMMENTS: | |
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| OFFICER #2 COMMENTS: | |
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