



City of Ketchum
City Hall

PARKING APPEAL

| INFORMATION | | |
|---|--------------------|-------------------|
| Date: | Parking Ticket No: | License Plate No: |
| Name: | | |
| Email address: | Phone Number: | |
| Address: | | |
| <p>I am appealing the above parking ticket. I believe it was improperly issued and should be dismissed for the reasons indicated below:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | |

All documentation associated with the violation and consider circumstances you described will be reviewed. All decisions rendered final. Appellants will be notified by phone or email.

I certify that the foregoing statement are correct:

Signed: _____ Print Name: _____

| OFFICIAL USE ONLY |
|--------------------------------------|
| Community Service Officers Comments: |
| _____ |
| _____ |
| _____ |
| CSO Signature: _____ |
| Action Taken: _____ |

This appeal can be submitted via email to finance@ketchumidaho.org or dropped off to Ketchum City Clerk's Office 480 East Ave N, or mailed to PO Box 2315, Ketchum ID 83340. Please submit a copy of your notice.