



## PARKING CITATION APPEAL REQUEST

**REQUEST MUST BE RECEIVED AT THE ADDRESS BELOW  
WITHIN TWENTY-ONE (21) DAYS OF THE CITATION DATE.**

**COMPLETE ALL SECTIONS BELOW. YOU MAY FAX, MAIL OR HAND DELIVER THIS FORM.**

Name		Email Address (to notify you of the appeal decision)	Driver's License No. or ID No.
Phone No.	Mailing Address		
Citation #	Example: "TP12345"	Citation Date	Vehicle License Plate No.
Violation Location (as noted on citation)			
<b>INSTRUCTIONS:</b> Print legibly and explain in detail why you are appealing the citation. Keep your copy of the citation. Attach any additional information or documentation you have to be considered.  _____  _____  _____  _____  _____  _____  _____  _____			
I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT AND INFORMATION PROVIDED BY ME IS TRUE, ACCURATE, COMPLETE, AND CORRECT. I UNDERSTAND THAT THIS APPEAL REQUEST FORM MUST BE RECEIVED AT THE ADDRESS BELOW WITHIN 21 DAYS FROM THE CITATION DATE.			
Signature: _____		Date: _____	
Printed Name: _____			
<b>FOR OFFICIAL USE ONLY</b>			
Date Received: _____		Received By: _____	
Parking Citation Dismissed: Yes _____ No _____		Date Dismissed: _____ Dismissed By: _____	
Hearing Date Scheduled: Yes _____ No _____		Date Of Hearing: _____ Time of Hearing: _____	
Location of Hearing: _____			

**SEND REQUEST TO: TOWN OF TRUCKEE PARKING DIVISION**  
10183 TRUCKEE AIRPORT ROAD  
TRUCKEE, CA 96161-3306  
(530) 550-2323 FAX: (530) 582-7771  
[www.truckkeeparking.com](http://www.truckkeeparking.com) [www.townoftruckee.com](http://www.townoftruckee.com)