City of Sioux Falls
Appeal of Parking Ticket

Ticket No. _____

Date ticket issued: _____

Why appellant thinks ticket should be modified or dismissed: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Address to which notice of hearing should be mailed:

Name: _____

Address: _____

_____

City, State, Zip: _____

(Optional) Daytime phone number: _____

Dated this _____ day of _____, 20___.

_____

Signature of Appellant

Date received by: _____

Date filed: _____ Received by: _____

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