



110 S Main St, Springville, UT 84663

## Parking Ticket Appeal Form

- Submit this completed appeal form within 14 days from the date of the parking ticket.
- Failure to provide all required information may result in your appeal being rejected.
- Do you have any questions about completing this appeal form? Contact Jennifer Grigg at 801-491-7833 or [jgrigg@springville.org](mailto:jgrigg@springville.org).

### Appellant Information:

Name: \_\_\_\_\_ Parking Citation # \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Ticket Information:

Ticket Number: \_\_\_\_\_ Ticket Date of Issue: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ Location of Violation: \_\_\_\_\_

### Explanation for Appeal:

Clearly describe the circumstances surrounding the parking violation and why you believe the ticket is not valid. Include details such as the time of the violation, any relevant signage, and any actions you took to comply with parking regulations.

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Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Upon submitting your request, you will be contacted within 5-7 business days using the phone number provided above.

### THIS SECTION TO BE COMPLETED BY HEARING OFFICER:

Hearing Officer Appeal Decision \_\_\_\_\_ Signature \_\_\_\_\_

