

**CITY OF MUSCATINE-PARKING DIVISION  
CITY HALL, 215 SYCAMORE STREET  
MUSCATINE IOWA 52761  
563-264-1550**

**PARKING TICKET APPEAL**

**NAME**  

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**ADDRESS**  

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**CITY**  

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**STATE**  

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**ZIP**  

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This process is an administrative review. If you feel the ticket you received is unwarranted or there were extenuating circumstances, please fill out this form. The Administrative Review Panel will review the form. A determination will then be made on the merits of your case, taking into consideration your comments and those of the issuing officer. You will be notified in writing of this decision. If you receive an unfavorable response, the matter may be taken before a magistrate for judicial determination.

**LICENSE PLATE**  

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**VIOLATION**  

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**TICKET NUMBER**  

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**CHARGE \$**  

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**DATE OF TICKET**  

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**SIGNATURE REQUIRED**  

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**TODAYS DATE**  

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**APPEALER, PLEASE COMPLETE THE INFORMATION REQUESTED ON NEXT PAGE**

**CASE#** \_\_\_\_\_

## APPEALER'S COMMENTS

**CAUTION:** Statements on this form may constitute admission on your part.

## OFFICER'S COMMENTS

## OFFICER

## RETURN TO PARKING OFFICE

**OFFICER'S SIGNATURE**

## OTHER COMMENTS

## SIGNATURE

**CASE #**