TI CKET APPEAL FORM

!!! Please attach a photo copy of ticket and write clearly or print !!!

DATE FILED:	
Type of Ticket: □ PARKING □ CODE ENFOR	CEMENT ORDINANCE VIOLATION
NAME:	PHONE#
ADDRESS:	
Number Street	City State Zip
DATE OF TICKET:	TICKET NUMBER:
REASON FOR TICKET:	licapped, Failure to license, Public Nuisance, etc.)
LOCATION OF TICKET:Address/Block Number	Street Name
For Parking Tickets: Make of Car:	Color:
License Plate #:	License Year:
REASON FOR APPEAL:	
USE BACK OF FORM I F M	ORE SPACE IS NEEDED
SIGNATURE: PR	INTED NAME:

Please return this completed form to: Ordinance Violation Bureau, RM 455, County-City Building 227 W. Jefferson Blvd. South Bend, IN 46601 Or by FAX: 574.235.9173

The form will be reviewed by the City Attorney's Office and a determination will be made regarding the validity of your ticket. You will be advised in writing of the determination. Payment is not made unless your appeal is denied.