

City of Shreveport

OFFICE OF THE CITY ATTORNEY
P. O. BOX 245
SHREVEPORT, LOUISIANA 71162
TELEPHONE (318) 222-0290 or 222-0291
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PARKING TICKET APPEAL

Name (Please print)

Ticket # _____

Address

License Plate: _____
(State- Number)

City, State and Zip

Type of Offense: _____
(From Red Portion of Ticket)

Area Code Phone

Explanation of Appeal

(Please print)

You will be notified of disposition, once review and/or investigation is completed. All dispositions are final.

Signature

Date

FOR OFFICE USE ONLY—DO NOT WRITE IN THE SPACE BELOW

Comments	Date _____	Attorney Disposition
	_____ Attorney	