

# City of Shreveport

OFFICE OF THE CITY ATTORNEY  
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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**

\_\_\_\_\_ **Email Address**

### Explanation of Appeal

(Please print)

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**\*Please complete entire form. Incomplete forms may not be considered.**

**\*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

<b>Comments</b>	<b>Date</b> _____	<b>Attorney Disposition</b>
	_____ <b>Attorney</b>	