

# 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

Comments	Date _____	Attorney Disposition
	_____ Attorney	