
CITY OF COUNCIL BLUFFS, IOWA

vs.

APPELLANT'S NAME

*
*
*
*
*
*
*
*
*

PARKING TICKET NO. _____

LICENSE PLATE NO. _____

**NOTICE OF
PARKING TICKET APPEAL**

I, the undersigned, hereby state that on the _____ day of _____, _____, I received
Parking Ticket No. _____ while my vehicle was parked at _____
_____.

I feel I should not be required to pay said ticket because:

- 1. The meter had not expired
- 2. The meter was not working properly (Meter No. _____)
- 3. There was inadequate signage
- 4. Other (please state) _____

(Note: If the ticket on appeal is more than 90 days old, please explain why the appeal was delayed.)

PLEASE TURN OVER AND COMPLETE THE BACK SIDE

I understand that upon my filing of this appeal with the City Treasurer's Office:

1. My fine will not increase from what it was at the time of said filing until there has been a final decision made in this matter.
2. If I am dissatisfied with the result of said decision, I have the right to appeal the decision to the Magistrate's Division of the District Court for Pottawattamie County, Iowa.

<input type="checkbox"/> Will attend Hearing
<input type="checkbox"/> Will not attend Hearing

FULL NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

TELEPHONE NUMBER

- Note:**
1. Please indicate above if you will attend the Appeal Hearing in person.
 2. If you are unable/unwilling to appear at the Appeal Hearing, please make sure you have explained the reason why you feel you should not be held responsible for the parking ticket listed on the front side of this form. If additional space is required, an additional page may be attached.
 3. This appeal will not be considered filed until it has been fully completed and returned to the CITY TREASURER'S OFFICE, 209 PEARL STREET, COUNCIL BLUFFS, IA 51503.

HEARING OFFICER ORDER (TO BE COMPLETED BY HEARING OFFICER <u>ONLY</u>)	
<input type="checkbox"/> GUILTY	<input type="checkbox"/> DISMISSED
COMMENTS:	
HEARING OFFICER'S SIGNATURE:	
DATE:	