



City of Ketchum  
City Hall

### PARKING APPEAL

Date:	
Name:	
Parking Ticket #	
Date Issued:	
License Plate#:	

I am appealing the above parking ticket. I believe it was improperly issued and should be dismissed for the reasons indicated below:

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A Ketchum Police supervisor will review all documentation associated with the violation and consider circumstances you described. All decisions by the supervisor are rendered final. Appellants will be notified by phone or email.

I certify that the foregoing statement are correct:

Signed: \_\_\_\_\_ Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Officers Comments: \_\_\_\_\_

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Officer's Signature: \_\_\_\_\_

Action Taken: \_\_\_\_\_