



City of Ketchum
City Hall

PARKING APPEAL

INFORMATION		
Date:	Parking Ticket No:	License Plate No:
Name:		
Email address:	Phone Number:	
Address:		
<p>I am appealing the above parking ticket. I believe it was improperly issued and should be dismissed for the reasons indicated below:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

All documentation associated with the violation and consider circumstances you described will be reviewed. All decisions rendered final. Appellants will be notified by phone or email.

I certify that the foregoing statement are correct:

Signed: _____ Print Name: _____

OFFICIAL USE ONLY
Community Service Officers Comments:

CSO Signature: _____
Action Taken: _____

This appeal can be submitted via email to finance@ketchumidaho.org or dropped off to Ketchum City Clerk's Office 480 East Ave N, or mailed to PO Box 2315, Ketchum ID 83340. Please submit a copy of your notice.