

PARKING TICKET APPEAL REQUEST FORM

Greeley Municipal Court
The City of Greeley, Colorado
1001 11th Ave.
Greeley, CO 80631

PLEASE PRINT CLEARLY TO AVOID ANY DELAYS IN PROCESSING YOUR REQUEST

Name: _____

Address: _____

Phone number: _____

Email Address: _____

Parking Citation Number: _____

Date of Violation: _____

Reason for appeal:

I attest that I am the person responsible for the parking violation and in charge of the vehicle described for which I am filing this appeal. I understand that there will be no additional fees or fines imposed during this appeal process until there has been a ruling from the Court.

By submitting this form you are agreeing that the information you have completed is true to the best of your knowledge. If you have entered an email address you are agreeing to allow us to contact you electronically regarding this matter.

Signature