City of Bozeman
Parking Ticket Appeal

Date of Appeal Request: ___________________________  
Clerk: ________________________________________  
Parking Ticket No.: _______________________________  
VIN No.: ______________________________________  
License Plate No.: _______________________________  
State of Plate: __________________________________

Responsible Party: __________________________________
Registered Owner: __________________________________
Mailing Address: ______________________________________
Street
City  State  Zip
Daytime Telephone: _________________________________  
Time: ____________________________________________  
Violation: ________________________________________  
Fine Amount: ______________________________________
Location: _________________________________________  
Number of Attachments: ______________________________

Officer Badge No: _________________________________  
Narrative: (Explain why you feel the ticket should be dismissed.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I certify that the above information is true and accurate.

Signature of Responsible Party ___________________________  
Date ____________________________

--- FOR OFFICE USE ONLY ---

**TICKET APPEAL**
- Ticket on Appeal Status
- Ticket Notice Status N/E
- Responsible Party Name Attached

**OFFICER RESPONSE BPD**
- White Parking/Yellow BPD
- Ticket Copy
- Additional Document Copy/Copies
- Officer Response Form
- Shipped Date