



# City of Bozeman Parking Ticket Appeal

121 N. Rouse Ave.  
P.O. Box 1230  
Bozeman, MT 59771-1230

(406) 582-2337  
Fax: (406) 582-2344

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: \_\_\_\_\_

Violation: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Fine Amount: \_\_\_\_\_

Officer Badge No: \_\_\_\_\_

Number of Attachments: \_\_\_\_\_

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