

**FREEPORT POLICE DEPARTMENT
PARKING TICKET APPEAL FORM**

PARKING VIOLATION #: _____

LOCATION: _____

DATE OF TICKET: _____ TIME ISSUED: _____

VEHICLE REG. #: _____ STATE: _____

APPELLANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL. #: () _____

ISSUING OFFICER'S #: _____

TYPE OF VIOLATION: _____

FINE AMOUNT: \$ _____

REASON FOR APPEAL:

(PLEASE USE REVERSE SIDE IF NEEDED)

SIGNATURE: _____ DATE: _____

You must submit your appeal within ten (10) days of violation. Your appeal will be reviewed within seven (7) days following the review of your appeal, and a decision will be forwarded to you. Your penalty will not increase during the appeal process.