

Borough of Sewickley



Parking

FORMAL PARKING TICKET APPEAL FORM

Today's Date

Date of Parking Ticket

Vehicle Owner's Name

Your Name (if different from vehicle owner's name)

Address

Phone No.

Parking Ticket ID (located at the top of ticket)

Reason for Appealing the issued ticket:

Appeal Instructions/Procedures:

1. Fill out the Formal **Parking Ticket Appeal Form** in its entirety and attach a copy of your ticket. Keep the original for your records. Missing information may result in your appeal being denied.
2. Submit completed form and copy of ticket to: Borough of Sewickley Parking, 601 Thorn Street, Sewickley, PA 15143. Allow ten days for a written determination.
3. Completed Forms must be submitted **within 30 days** of the date of the ticket.

For Borough of Sewickley Parking Use Only

_____ Date the formal appeal was received by Borough of Sewickley Parking

_____ Date the appeal was granted / denied (vehicle owner was sent written determination)

Signature