



CITY OF MT. PLEASANT, MICHIGAN
PARKING VIOLATIONS BUREAU

Date of Appeal: _____ License Plate #: _____ Ticket Date(s): _____

Local Phone Number: _____ Ticket Number(s): _____

Name: _____

Mailing Address: _____

I do not feel liable for this violation because of the following circumstances (please explain in detail. Attach a separate sheet if necessary. Do not continue on back):

INTERNAL USE ONLY

Officer's Investigation/Recommendation: _____

Officer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Parking Violations Bureau:

Appeal Entered: _____ Ticket Voided: _____ Notice Sent: _____

Date of Notice: _____

YOUR REQUEST FOR RECONSIDERATION HAS BEEN: **Accepted** **Denied**

A _____ payment for this fine is due within 5 days of the date of this notice. Fine will continue to increase if not paid within 5 days.