



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: \_\_\_\_\_  
\_\_\_\_\_

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**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):

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**INTERNAL USE ONLY**

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**Officer's Investigation/Recommendation:** \_\_\_\_\_

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parking Violations Bureau:**

Appeal Entered: \_\_\_\_\_ Ticket Voided: \_\_\_\_\_ Notice Sent: \_\_\_\_\_

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**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.**