

6/23/2011

ORDINANCE VIOLATION APPEAL FORM
CITY OF FORT WAYNE

DATE: _____ TYPE OF VIOLATION: PARKING or FALSE ALARM
(Please circle one)

TICKET #: _____ DATE OF VIOLATION: _____

DATE OF VIOLATION: _____ NAME: _____

LICENSE PLATE #: _____ ADDRESS: _____

TELEPHONE #: _____ CITY: _____

FAX #: _____ STATE: _____ ZIP: _____

REASON FOR APPEAL:

In asking for my violation to be reviewed, I agree to abide by the decision and to cooperate in furnishing pertinent information.

SIGNED: _____

FOR A REPLY TO THIS APPEAL, PLEASE ATTACH A SELF-ADDRESSED AND STAMPED ENVELOPE, OR PROVIDE A FAX NUMBER:



Notified of results _____ **Disposition:**

Violation Upheld: _____

Recommended By: _____ Dismissed: _____

Date: _____



PLEASE MAIL TO: FORT WAYNE VIOLATION BUREAU
CITIZENS SQUARE BUILDING
200 East Berry , Suite 110
FORT WAYNE, INDIANA 46802-1802

or FAX to: (260) 427-1371