



## PARKING CITATION APPEAL FORM

Last Name

First Name

Address:

City:

State:

Zip Code

Home Phone

Cell Phone

Violation #

Date Issued

Vehicle Plate or VIN #

Date of Appeal Submittal:

Have you appealed a parking violation with City of Helena Parking?

Yes

No

Please explain why you believe this citation was written in Error.

Signature of Vehicle Owner

---

***All appeals must be completed and submitted within 15 days of the date of Citation. Your appeal will be reviewed and you will receive notification of the decision within 15 days of submittal.***

---

Please Do Not Write Below This Line: Helena Parking Use Only

---

PCO Remarks:

Supervisor/Superintendent Remarks:

Adjudication

VALID

INVALID

Rationale

Signature of Superintendent

Date

Notification Date to Ticket Holder

---

***Please complete this appeal and submit it to the City of Helena Parking Division,  
316 N Park Avenue, Helena, MT 59623.***

If submitting the appeal electronically, please send to: [helenaparking@helenamt.gov](mailto:helenaparking@helenamt.gov)