

# CITY OF GLYNDON

State of Minnesota

County of Clay

## PARKING TICKET APPEAL FORM

Please read the following:

I understand that this administrative review involves no court appearance and this form, and my explanation will be reviewed independently by the Glyndon Appeal Committee.

I understand if this administrative review is denied, I am obligated to pay base fine within seven (7) days of notice of denial or late fees will start to accrue.

I understand I will be notified of the status of this appeal either by e-mail or US mail.

### EXPLANATION

I, \_\_\_\_\_, present the following information as an explanation  
(Please Print Your Name)  
or defense to the parking ticket received by me:

---

---

---

---

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Ticket # \_\_\_\_\_

\_\_\_\_\_  
(Signature)

License Plate # \_\_\_\_\_

\_\_\_\_\_  
(Address)

State: MN/ ND/ Other \_\_\_\_\_

\_\_\_\_\_  
(E-mail Address – Please Print Clearly)

### **Administrative Review**

Reviewed By: \_\_\_\_\_ Appeal is: Denied/Granted Date: \_\_\_\_\_

Appeal is denied for the following reasons:

---

---

---

---

---

---