



Parking Violation Appeal Form

Date: _____

Name: _____ Email: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____

Ticket #: _____ Officer: _____
 License Plate #: _____
 Violation Cited: _____

Please describe your reason for the appeal of this ticket. Provide any pictures to be considered as evidence at the time of turning in this appeal.

Chapter 29 : Section 186 : Parking Violation Appeals Process.
 Any person who believes that a parking ticket has been issued improperly to a vehicle he or she owns may appeal the ticket in person at City Hall, or through the electronic mail, facsimile or standard U.S. Postal Service. Failure to appeal within seven (7) day of the issuance of a parking ticket shall be deemed an admission of responsibility for the violation. The appeal must be postmarked within seven (7) days of the issuance if the U.S. Postal Service is used.

Once an appeal is appropriately filed, no additional penalties will be assessed during the investigative review process. The person who filed the appeal will be notified in writing of the results of the investigative review within a reasonable amount of time. The outcome of the investigative review is final. If the appeal is denied, the vehicle owner must pay the fine within seven (7) days, otherwise the fine will increase by \$5.00 if paid after seven (7) days but within thirty (30) days. An additional \$10.00 will be assessed if not paid within thirty (30) days. (Ordinance No. 2011-12)

Under Illinois Administrative Review Act, 735 ILCS 5/3-101 ET. SEQ, you have 35 days from the denial of the parking ticket appeal to file a complaint for administrative review at the McLean County, Illinois, Circuit Court.

▶ Please remit this form to:

City of Bloomington
 ATTN: Legal Dept
 109 E. Olive St.
 Bloomington, IL 61701
 FAX: 309-434-2316

Questions? Contact City of Bloomington
 Legal Department at: 309-434-2213.

Date: _____
 Ticket has been dismissed.
 Appeal has been denied.
 Comment: _____

