PARKING INFRACTION APPEAL

Instructions:

Please type or print legibly and attach the original of the parking infraction you are contesting. This request must be mailed or delivered to Anchorage Parking, 700 West 6th Avenue, Suite 206, Anchorage, AK 99501. The request must be received at Anchorage Parking within **15 days** of the issue date on the infraction.

Infraction Number: _____ I contest the attached parking infraction for the following reason(s):

_____

_____

_____

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_____

I have explained all relevant facts above and have enclosed the original parking infraction.

I understand that this appeal does **not** extend the 30 days I have to pay the infraction without penalty. I must resolve this notice within 30 days of the issue date to avoid the late payment penalty of $10.00.

I understand that if I have failed to provide the necessary information (all blanks must be completed) and to give current information regarding my mailing address and telephone number, my parking infraction appeal will not be processed.

_____ _____

Date Signature

_____

Print Name

_____

Mailing Address (Street of P. O. Box)

_____

City State Zip

_____

Home Phone Work Phone

DATE RECEIVED AT AP: