



City of Sioux Falls Appeal of Parking Citation
Parking Citation Appeals require a \$5 processing fee due at filing.
The process fee is refunded to successful appellants.

Citation Number: _____ Citation Issue Date: _____

Appellant: Last Name: _____

First Name: _____

Middle Name: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you the vehicle: Owner Driver

Type of Citation:

Overtime \$10 Prohibited/Improper \$15 Snow \$35

Reason for Objection:

Hearings are presumed open to the public unless good cause is presented to the hearing officer. I request: Open Hearing. I request an open hearing.

Closed Hearing. I request a closed hearing due to the following reason:

If using a legal representative, provide the name, address, and phone number:

Signature: _____ Date: _____

Complete form, enclose \$5 fee, and return to: Public Parking Facilities, 224 West Ninth Street, Sioux Falls, SD 57104.

If you fail to appear for your hearing, citations will escalate at the normal rate.