

CITY OF CORDOVA



PARKING VIOLATION APPEAL

Instructions: Please type or print legibly and attach the original or copy of parking violation you are contesting. Mail, fax (907) 424-6120, or deliver to City of Cordova, 602 Railroad Avenue, Cordova, AK 99574. The request must be received at City of Cordova within **30 days** of the issue date on the violation.

Violation Number: _____ Plate: _____

I contest the attached parking violation for the following reason(s):

I have explained all relevant facts above and have enclosed the original or copy of the parking violation as well as any supporting documents.

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 \$15.00.

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 violation appeal will not be processed.

Date

Signature

Print Full Name

Cell Phone / Work Phone / Home Phone

Mailing Address

City State Zip