



# FORM

## REQUEST TO APPEAL ADMINISTRATIVE TICKET

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Ticket No.: \_\_\_\_\_

I, \_\_\_\_\_, wish to appeal the above ticket.

*[Include or attach explanation of why you wish to appeal the ticket. Your explanation should include: all alleged facts supporting all grounds for appeal, a statement of what sort of relief you seek, and any other information you feel is relevant.]*

\_\_\_\_\_  
Signature

**THIS FORM MUST BE FILED WITH THE DULUTH CITY CLERK'S OFFICE WITHIN TEN (10) DAYS OF THE DELIVERY OF THE CITATION BEING APPEALED**

**CITY CLERK'S OFFICE, 318 CITY HALL, 411 WEST FIRST STREET, DULUTH, MN 55802**