



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 IN PERSON AT 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