



### Citation Appeal Form

Print your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Ticket No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Appeal Submitted: \_\_\_\_\_

Please describe why you are appealing this ticket (*Type or print legibly. If necessary please attach additional paper or continue on the back*)

\_\_\_\_\_  
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**REMIT THIS FORM WITH A COPY OF YOUR TICKET TO:**

**City of Hayden  
8930 N Government Way  
Hayden, Idaho 83835  
(208) 772-4411**

*For Official Use Only*

Appeal Approved, Ticket Rescinded  
 Appeal Denied

\_\_\_\_\_  
City Administrator                      Date

*The City of Hayden provides services to its citizens without regard to race, religion, color, sex, age, national origin or disability.*