



PARKING CITATION APPEAL

(PLEASE PRINT OR TYPE)

NAME _____ TELEPHONE NUMBER _____
FIRST LAST

MAILING ADDRESS _____
BOX/STREET CITY STATE/ZIP

LICENSE PLATE NUMBER CITATION NUMBER VIOLATION NUMBER FINE AMOUNT
() _____
STATE

**BOND EQUAL TO THE AMOUNT OF THE CITATION MUST BE PAID AT TIME OF SUBMITTING APPEAL.
APPEAL MUST BE SUBMITTED WITHIN 15 CALENDAR DAYS OF CITATION.
APPEALS WITHOUT THE FULL NAME AND ADDRESS WILL NOT BE CONSIDERED.**

REASON FOR APPEAL:

SIGNATURE _____ DATE OF APPEAL _____

**SUBMIT TO: RTAA TRAFFIC CITATION DEPT. - 2001 E. PLUMB LANE, RENO, NEVADA 89502
OR P.O. BOX 20297, RENO, NEVADA 89510**

FOR OFFICE USE ONLY

HAS PAYMENT BEEN MADE: YES NO PERSON ACCEPTING PAYMENT _____

DISPOSITION OF APPEAL

APPROVED (REFUND CHECK WILL BE MAILED TO THE ABOVE ADDRESS WITHIN TWO WEEKS).

REDUCED (A PARTIAL REFUND CHECK WILL BE MAILED TO THE ABOVE ADDRESS WITHIN TWO WEEKS).

DISAPPROVED (YOU MAY REQUEST AN APPEARANCE BEFORE THE PARKING AND TRAFFIC BOARD).

AUTHORIZED SIGNATURE _____ DATE _____