



# 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 30 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**

**AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**