

BOONE POLICE DEPARTMENT

NOTICE OF APPEAL OF PARKING SUMMONS

DATE: _____

NAME: _____
(Print name)

ADDRESS: _____

PHONE #'S: _____

PARKING SUMMONS NUMBER: _____

DATE PARKING SUMMONS WAS ISSUED: _____

REASON FOR APPEAL:

Signature of Appellant

Please attach a copy of the parking summons that you are appealing.