



CITY OF TOPEKA

Facility Management Division
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Topeka, KS 66607
www.topeka.org

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PARKING TICKET APPEAL BY MAIL REQUEST

DATE: _____, 20____

I hereby request an administrative hearing regarding parking ticket number(s)

_____ issued to vehicle license number
_____ on _____, 20 ____.

NAME: _____ PHONE: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

VEHICLE MAKE _____ MODEL _____ YEAR _____

Listed below are the grounds for adjudication. Please check all that apply.

_____ I did not own the cited vehicle at the time the violation notice was issued.

_____ The cited vehicle, or it's license tag, was stolen at the time the violation occurred.

_____ The relevant signs prohibiting or restricting parking were missing obscured.

_____ The relevant parking meter was inoperable or malfunctioned.

****** METER CHECK NEEDED******

_____ The facts alleged in the violation notice are inconsistent or do not support a finding that the specified regulation was violated.

_____ The illegal condition described in the violation notice did not exist at the time the notice was issued.

_____ Other _____

Please attach all documentary evidence that rebuts the charged violation and a signed written statement setting forth the facts relevant to establishing a defense to the charged violation.

Signature