



**BRAINERD POLICE DEPARTMENT**  
**225 East River Road**  
**Brainerd, MN 56401**  
**Phone: (218) 829-2805**



**PARKING TICKET APPEAL FORM**

NAME: \_\_\_\_\_

TICKET NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VEHICLE LICENSE: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF APPEAL: \_\_\_\_\_

**REASON FOR REQUESTING APPEAL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* *DO NOT WRITE BELOW THIS LINE* \*\*\*\*\*

APPEAL GRANTED:

APPELLANT NOTIFIED:

APPEAL DENIED:

EXPLANATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTE: If the appeal is denied, payment must reach the Brainerd Police Department within ten (10) calendar days from the date the appeal was denied or the fine will double.**