

**APPEAL HEARING REQUEST FORM**



Park Wilton Manors  
517 NE 21<sup>st</sup> Court  
Wilton Manors, FL 33305  
Phone: (954)566-3704  
Office Hours: M-F 10am-6pm  
Wiltonmanors.com/parking

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Amount Due:  
License Plate:  
License State:  
Vehicle Make :

Citation Number: \_\_\_\_\_ Violation: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Violation Time: \_\_\_\_\_

**Reason for Dispute :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am the registered owner of the vehicle described above.

I hereby certify that I had complete care, control and custody of the vehicle described above at the time of alleged violation.

**PRINT NAME:** \_\_\_\_\_ **VIN# - REQUIRED (Appeal Form will be DENIED if VIN is not included)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NON-RESIDENTS:**

If you do not reside in Broward, Palm Beach or Miami-Dade County, this form must be **notarized** before being returned.  
PLEASE MAIL FORMS TO: City of Wilton Manors, PO Box 70562, Wilton Manors, FL 33307-0562

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Notary Public:

Commission Expires: