



# **APPEAL HEARING REQUEST FORM**

Parking Division - City of Wilton Manors  
517 NE 21<sup>st</sup> Court, Wilton Manors, Florida 33305  
Phone: (954)566-3704 • Wiltonmanors.com/parking  
Office Hours: Monday – Friday 10am-6pm

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

Issue Date: \_\_\_\_\_

Violation: \_\_\_\_\_

Issue Time: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle VIN # (form will be denied without VIN#): \_\_\_\_\_

Reason for Dispute:

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

CHECK ALL THAT APPLY:

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 the alleged violation.

PRINT NAME:

PHONE NUMBER:

MAILING ADDRESS:

APT/UNIT:

CITY:

STATE:

ZIP CODE:

SIGNATURE:

DATE:

**NON-RESIDENTS ONLY:** If you **do not** reside in Broward, Palm Beach or Miami-Dade County, this form must be **notarized**.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
\_\_\_\_\_ (name) who is personally known to me or who has produced  
\_\_\_\_\_ (type of identification) as identification. County of \_\_\_\_\_ State of \_\_\_\_\_.

Signature of Notary Public

Commission Expires

(Stamp)