

**STATE OF MINNESOTA, COUNTY OF CLAY  
City of Moorhead**

**PARKING TICKET APPEAL FORM**

Please read the following:

I understand that this administrative review involves no court appearance and this form and my explanation will be reviewed independently by Moorhead Police Department personnel.

I understand if this administrative review is denied, I am obligated to pay base fine within seven (7) days of notice of denial or late fees will start to accrue.

I understand I will be only notified, in writing, if this appeal is denied.

**EXPLANATION**

I, \_\_\_\_\_, present the following information as an explanation  
(Please Print Your Name)  
or defense to the parking ticket received by me:

---

---

---

---

---

---

---

---

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Ticket # \_\_\_\_\_

\_\_\_\_\_  
(Signature)

License Plate # \_\_\_\_\_

\_\_\_\_\_  
(Address)

State: MN/ ND/ Other \_\_\_\_\_

**Administrative Review**

Reviewed By: \_\_\_\_\_ Appeal is: Denied/Granted Date: \_\_\_\_\_

Appeal is denied for the following reasons:

---

---

---

---

---

---

---

---