

# Appeal for Reconsideration of Parking Ticket

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Parking Violations Office]  
[City or Municipality Name]  
[Office Address]  
[City, State, Zip Code]

Subject: Appeal for Reconsideration of Parking Ticket #[Ticket Number]

Dear [Parking Violations Office/Specific Name],

I am writing to formally appeal the parking ticket I received on [Date of Ticket] for my vehicle with license plate number [License Plate Number]. The ticket number is #[Ticket Number].

I believe the ticket was issued in error due to the following reasons: [Briefly explain the reasons for your appeal, such as unclear signage, medical emergency, etc.].

In support of my case, I have attached [mention any supporting documents, such as photographs, witness statements, etc.].

I kindly request that you review the circumstances surrounding this ticket and consider rescinding it. I appreciate your time and attention to this matter.

Thank you for your consideration. I look forward to your response.

Sincerely,

[Your Name]