



Public Works Department • Administrative Services Division • Parking Programs Office  
713 Edgebrook Drive • Champaign IL 61820 • (217) 403-7050 • fax (217) 403-7061 • www.ci.champaign.il.us

**FOR OFFICE USE ONLY:**  
Staff Initial \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Ticket Issued \_\_\_\_\_

**INSTRUCTIONS:**

- A. Return this form to the Parking Programs office at 713 Edgebrook Drive, Champaign, IL 61820. This form, along with any supporting documentation, must be **received** in our office within the time indicated on the violation/notice or tow form in order to be considered.
- B. A copy of your violation and/or tow receipt **must** accompany this form.
- C. Only signed and completed forms will be reviewed. The outcome of your contest of the violation will be mailed to the address provided below. **Incomplete or illegible forms may result in a final determination of liability against you.**

**Note: The following are the only valid grounds for appealing a citation pursuant to 33-185.3 of the Champaign Municipal Code:**

- a) **The person alleged to be the registered owner, or in the case of a leased vehicle, the lessee of the vehicle at the time of the violation was not in fact the registered owner or the lessee.**
- b) **The cited vehicle or its state registration plates were stolen at the time the violation occurred.**
- c) **The relevant required signs prohibiting or restricting parking were missing or obscured.**
- d) **The subject parking meter was inoperable or malfunctioned through no fault of the person operating the vehicle at the time of the violation.**
- e) **The facts alleged in the parking violation notice are materially inconsistent or do not support a finding that the specific regulation cited was violated.**
- f) **That the illegal condition described in the violation notice did not exist at the time the notice was issued.**

(Please Print)

**CONTEST OF NOTICE** NO# \_\_\_\_\_  **CONTEST OF TOW** RECEIPT #: \_\_\_\_\_

**TOW AGENCY:** \_\_\_\_\_

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

ADDRESS (Street/Box) \_\_\_\_\_ APT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ NOTICE/TOW DATE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

Are you the **Registered Owner** of the vehicle recorded with the license plate state of issuance?  Yes  No

If "No" then provide Registered Owner information below:

REGISTERED OWNER NAME: \_\_\_\_\_

ADDRESS (Street/Box): \_\_\_\_\_ APT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BASIS FOR CONTESTING CITATION AND/OR TOW:** (Attach any supporting documentation, sketches, pictures, etc.)

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

