



PARKING INFRACTION APPEAL

Instructions: Please type or print legibly and attach the original or copy of the parking infraction you are contesting. Mail, fax (907) 279-5073, or deliver to EasyPark, 440 B Street, Anchorage, AK 99501. The request must be received at EasyPark within **30 days** of the issue date on the infraction.

Infraction Number: _____ **Plate:** _____

I contest the attached parking infraction for the following reason(s):

I have explained all relevant facts above and have enclosed the original or copy of the parking infraction as well as any supporting documents.

I understand that this appeal does **not** extend the 30 days I have to pay the infraction without penalty. I must resolve this notice within 30 days of the issue date to avoid the late payment penalty of \$15.00.

I understand that if I have failed to provide the necessary information (all blanks must be completed) and to give current information regarding my mailing address and telephone number, my parking infraction appeal will not be processed.

Date

Print Full Name

Mailing Address (Street or P. O. Box)

Signature

_____/_____/_____
Cell Phone Work Phone Home Phone

City State Zip

CSR INITIALS: _____