



**City of Augusta,  
Kentucky**

219 Main Street PO Box 85  
Augusta, Kentucky, 41002  
Phone (606) 756-2183 Fax: (606)  
756-2185  
Website: [www.augustaky.com](http://www.augustaky.com)

**PARKING CITATION/IMPOUNDMENT APPEAL  
STATEMENT**

*Please fill out the requested information below and then sign and date the completed form. Once the form is completed and signed, please return the form to the Augusta City Office during regular business working hours, within the time permitted for an appeal. You will be given a copy for your records and a hearing date will be assigned to your case.*

**APPELLANT INFORMATION**

**Owner Name:**

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**Address:**

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**Email:**

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**Phone #:**

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**Citation #:**

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**Violation Type Appealed:**

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**Date of Citation:**

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**Make, Model, and Year of Vehicle:**

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**License Plate #:**

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**Type of Ownership Interest:**

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**I APPEAL THE ABOVE CITATION ON THE FOLLOWING GROUNDS:**

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**I CERTIFY THAT I AM THE OWNER OR OPERATOR OF THE ABOVE DESCRIBED VEHICLE AND THAT THE CONTENT OF THIS APPEAL IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY AND KNOWLEDGE.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE\*\*\*\*\***

**Your appeal hearing has been scheduled for \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ at the Augusta City Building, 219 Main Street, Augusta, Kentucky 41002.** An attorney may represent you at this hearing, and you have the right to present evidence and witnesses. If you desire to have any witnesses subpoenaed, you will have to provide their names and addresses in sufficient time to issue the subpoena. You must serve said subpoena or have someone serve it on your behalf.

I certify a copy of the above was served to the above appellant in accordance with City of Augusta Ordinance by personal delivery at the time the appeal was filed.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_