



The City and County of
Butte-Silver Bow Montana

Parking Ticket Appeal

Date of Appeal Request: _____ Parking Ticket No: _____

License Plate: _____ State of Plate: _____

Registered Owner: _____

Mailing Address: _____
Street City State Zip

Daytime Phone: _____ Email: _____

Location where Ticket was issued: _____

Explain why you feel the ticket should be dismissed:

I certify that the above information is true and accurate.

Signature of responsible party Date

Your ticket will be placed on hold and a response will be mailed to you within 30 days of your request. Tickets may only be appealed within the first 7 days of the date of the citation. Thank you for your consideration in this matter.

=====OFFICE USE ONLY=====

Review date: _____ Date response mailed: _____

Butte-Silver Bow Parking Department
Courthouse, 155 W. Granite, Rm 113
Butte, MT 59701
Phone: (406) 497-6270
<http://co.silverbow.mt.us/214/Parking-Commission>