



CITY OF BILLINGS PARKING TICKET COMPLAINT FORM
PO BOX 1178
BILLINGS MT 59103

This section to be completed by complainant

DATE: _____

LICENSE PLATE: _____ TICKET(S): _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: (home) _____ (work/cell) _____

Email address: _____

COMPLAINT:

Complainant's Signature: _____

RESPONSE REQUESTED: YES NO

Below for office use only

ACTION TAKEN: _____

Matter resolved by: phone letter in person

Action Taken: dismissed voided ticket returned to pay

SIGNED: _____ DATE: _____

Updated 11/16/2021 form 9806