



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

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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

EMAIL COMPLETED FORM TO SCOTT@BILLINGSMT.GOV