PARKING TICKET ADMINISTRATIVE REVIEW/APPEAL FORM

Date of Appeal: ___________________________ Name: ______________________________________ DOB: _______________________

Address: ___________________________ City: ___________________________ State: ____ Zip: ______

Contact Numbers: __________________ (H) ______________ (C)

A driver or owner of a vehicle issued a Parking Violation Ticket may request an Administrative Appeal of the parking violation by completing this form. Such a request shall be completed within **(20) twenty calendar days** from the date of the parking violation ticket was issued. Failure to request and complete such review/appeal within the **(20) twenty day period** waives your opportunity for an Administrative Appeal.

The review/appeal will be presented to the Chief of Police’s designee who will make a determination based on the defenses or mitigating circumstances set forth on this review request form. The Chief’s designee may dismiss any parking violation for good cause, and monies paid toward the violation shall be refunded.

Ticket Information:

<table>
<thead>
<tr>
<th>Date of Ticket</th>
<th>Ticket #</th>
<th>License Plate #</th>
<th>Amt. of Ticket</th>
<th>Location or Meter</th>
</tr>
</thead>
<tbody>
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Appellant’s statement of defense or mitigating circumstances:
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________
Use back of form

Note: If ticketed violation is for a handicapped zone or permit zone violation and you possess a valid permit please attach a copy of this form.

**Do Not Write Below This line, City use only**

Reviewer’s Comments/Findings:
____________________________________________________
____________________________________________________

Disposition and Review Date _____/_____/_____ Ticket # __________________________ Disposition: Voided / Appeal Denied □

Review Completed by: __________________________________________ Initials: __________________________ Date: __________________

If you disagree with a “not dismissed” decision, you may bring the matter directly to the Chief. The Chief’s decision is final and any monies owed are due at the time a decision is issued by the Chief.

Reviewed by Chief (Y/N) Date: ______/_____/______ Disposition of appeal: Voided / Appeal denied Chief’s

Initials________________________