



REQUEST FOR CITATION DISMISSAL

Date: _____

Appellant Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Citation #: _____ Issue Date: _____

Reason for requesting dismissal:

APPEALS PROCESS:

- The parking program has set up an administrative appeal process for individuals who believe their parking citation was issued in error.
- Individuals will be contacted after the citation appeal form has been processed and advised whether the citation will be upheld or dismissed.
- If the appeal is accepted, your account will be cleared of the associated citation. If the appeal is denied, prompt payment of the citation will be expected.
- The appeal request is only valid for the citation listed. All remaining citations will not be addressed under this appeal.

MAIL OR BRING THIS FORM AND A PHOTOCOPY OF THE CITATION TO:

PARC Onstreet
222 South 1st Street
Suite 104
Louisville, KY 40202
FAX: (502) 574-1179

NOT REASONS FOR AN APPEAL:

- Lack of knowledge of the City's parking regulations.
- Appointment conflicts or tardiness going or returning from appointments.
- Inability to find a legal parking space.
- Failure to have appropriate or sufficient amount of payment.