



REQUEST FOR CITATION DISMISSAL

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Parking Citation #: _____ 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 by letter at the address you provided about seven to 14 business days after the citation dismissal form has been submitted and advised whether the citation will be upheld or dismissed.
- The parking fine will hold at the rate it is once we receive your appeal form. If denied you will have 7 days from the date of the denial letter to pay your fine.
- If the appeal is denied you may request a hearing, but must first pay the citation, before an independent hearings officer.

MAIL, FAX OR BRING THIS FORM, A PHOTOCOPY OF THE CITATION AND ANY EVIDENCE TO:

On Street PARC
222 S. 1st St., Ste. 106.
Louisville, KY 40202
Phone: (502) 569-6222
FAX: (502) 569-6611

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 coins.
- Broken or malfunctioning parking meter.