



## **REQUEST FOR CITATION DISMISSAL**

Date: \_\_\_\_\_

Appellant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Citation #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

### **Reason for requesting dismissal:**

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### **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  
430A South 3<sup>rd</sup> Street  
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.