



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 within 7 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 discounted amount until you receive notice from our office if your appeal is denied. At that point you will have 7 days to pay your fine in order to take advantage of the discount shown on the citation.
- If the appeal is denied, you may request a hearing before an independent hearings officer.
- 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 3rd Street
Louisville, KY 40202
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.