



REQUEST FOR CITATION DISMISSAL

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Parking Violation #: _____

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 in approximately five to six business days after the citation appeal form has been submitted regarding the disposition of the appeal.
- The parking fine will hold at the original amount until you receive notice from our office regarding the disposition of your appeal.
- Appeals only accepted within 21 days after the date of ticket issuance.

MAIL THIS FORM AND A PHOTOCOPY OF THE CITATION TO:

Park Medford
557B Main Street
Medford, MA 02155

OR APPEAL ONLINE AT WWW.APPEALVATS.COM

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.
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