

SOUTH PORTLAND POLICE DEPARTMENT
PARKING TICKET APPEAL FORM

NOTE TO APPLICANT:

- (1) PLEASE FILL IN FIELDS WITH DATA FROM YOUR TICKET.
- (2) PLEASE WRITE LEGIBLY. IF YOUR APPEAL IS NOT LEGIBLE, YOUR APPEAL WILL AUTOMATICALLY BE DENIED.
- (3) BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, AND UNDERSTOOD, THESE TERMS.
- (4) MAIL TO: South Portland Police Department, 30 Anthoine Street, South Portland, Maine 04106

Ticket #: _____
(Bold number in the upper right corner)

Location: _____

Date Ticket Issued: _____ Time Ticket Issued: _____

Registration of Ticketed Vehicle: _____ State of Registration: _____
(License Plate)

Vehicle Make: _____ Type/Model: _____ Color: _____

Registered Owner's Full Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Number or Initials of Issuing Officer: _____

Type of Parking _____ Fee: _____

Violation: _____
Reason for the Appeal: _____

Please use reverse side if needed

Signature: _____ Date: _____

YOU MUST SUBMIT YOUR APPEAL WITHIN FIFTEEN (15) DAYS OF THE TICKET DATE. YOUR APPEAL WILL BE REVIEWED WITHIN TEN (10) DAYS. FOLLOWING THE REVIEW OF YOUR APPEAL, A DECISION WILL BE FORWARDED TO YOU BY U.S. MAIL. AN APPEAL DOES NOT PREVENT WAIVER FEES FROM DOUBLING. REGARDLESS OF APPEAL, TICKETS NOT PAID WITHIN 15 DAYS WILL HAVE THEIR WAIVER FEE DOUBLED. YOU MAY ONLY APPEAL A TICKET ONCE. TICKETS WHICH HAVE BEEN PREVIOUSLY DENIED, WILL NOT BE REVIEWED AGAIN. BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, AND UNDERSTOOD, THESE TERMS.

BELOW FOR OFFICE USE ONLY

_____ Appeal Granted _____ Appeal Denied _____ Amount Due: _____

Signature: _____ Date: _____

Notes: