

RETURN TO:

Augusta Parking District  
1 Winthrop Street  
Augusta, ME 04330  
207-626-2362

# AUGUSTA POLICE DEPARTMENT

## PARKING VIOLATION APPEAL FORM

**[PLEASE PRINT]**

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

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

Phone: [home] \_\_\_\_\_ [cell] \_\_\_\_\_

Reg. No. \_\_\_\_\_

Name of person to whom the vehicle is registered to: \_\_\_\_\_

Ticket No. \_\_\_\_\_

Date of Ticket: \_\_\_\_\_

Time of Ticket: \_\_\_\_\_

Location of Ticket: \_\_\_\_\_

Please describe below your reason for the appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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

**[ATTACH A COPY OF THE PARKING TICKET WITH THIS FORM]**

**[APPEAL FORM MUST BE RETURNED WITHIN 7 DAYS OF ISSUED TICKET DATE]**

**[OFFICE USE ONLY]**

Appeal Denied:  Appeal Granted:  Violation Amended:

Initials: \_\_\_\_\_

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