

**CAPE ELIZABETH 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 BE AUTOMATICALLY DENIED. (3). BY SIGNING THIS FORM, YOU AGREE TO THESE TERMS.

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

Location: _____

Date Ticket Issued: _____

Time Ticket Issued: _____

Registration of Ticketed Vehicle: _____
(License Plate)

State of Registration: _____

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 Violation: _____

Fee: _____

Please Indicate Basis for Appeal (Check one or more)

_____ The Issuance of the ticket was arbitrary or was abuse of discretion.

_____ The issuance of the ticket was not supported by the evidence of a violation.

_____ Other

Details to Support Appeal: _____

Please use reverse side if needed

Signature: _____

Date: _____

YOU MUST SUBMIT YOUR APPEAL WITHIN SEVEN (7) BUSINESS DAYS OF THE TICKET DATE. YOUR APPEAL WILL BE REVIEWED AND A WRITTEN DECISION WILL BE FORWARDED TO YOU BY U.S. MAIL WITHIN TEN (10) BUSINESS DAYS FROM RECEIPT OF THE APPEAL. YOUR PENALTY WILL NOT INCREASE DURING THE APPEAL PROCESS. YOU MAY ONLY APPEAL A TICKET ONCE. TICKETS WHICH HAVE BEEN PREVIOUSLY DENIED WILL NOT BE REVIEWED AGAIN. BY SIGNING THIS FORM, YOU AGREE TO THESE TERMS.

BELOW FOR OFFICE USE ONLY

_____ Appeal Granted

_____ Appeal Denied

Amount Due: \$ _____

Captain's Signature: _____

Date: _____

Notes: