

# Parking Violation Appeal

## City of Grants Pass

To appeal a parking citation you have received from the City of Grants Pass fill out this form and submit it to:

**Grants Pass Police Department**  
**Attn: Records/Parking Appeals**  
**726 NE 7th Street, Grants Pass, OR. 97526**  
**541-450-6260**

Or you may hand deliver this form to a records clerk at the Department of Public Safety during regular business hours. A photocopy of the citation is appreciated. Appeals are only accepted within 14 days after the date the ticket was issued.

The following information is required for your appeal to be processed:

VEHICLE LICENSE PLATE # \_\_\_\_\_ STATE: \_\_\_\_\_ MAKE/MODEL/COLOR: \_\_\_\_\_

DATE/TIME OF CITE: \_\_\_\_\_ LOCATION OF CITE: \_\_\_\_\_

PARKING VIOLATION TYPE: \_\_\_\_\_ FINE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE # \_\_\_\_\_ Citation # (top of ticket): \_\_\_\_\_

Narrative: (Explain reason for appeal)

**By signing this Appeal you swear/affirm that all information you have provided is true and correct. Any false statements may result in civil and/or criminal penalties.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A Hearings officer will review this appeal and notify you of the findings within 5 to 6 business days at your listed phone number. The parking fine will hold at the original amount until you receive notice from our office regarding disposition of your appeal.

### DEPARTMENT USE ONLY

HEARING OFFICER:

DATE/TIME:

FINDING:

DEFENDANT NOTIFIED OF FINDING: YES/NO

DATE/TIME:

METHOD:

ROUTED TO FINANCE: YES/NO