



## REQUEST FOR CITATION DISMISSAL

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

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Parking Violation #: \_\_\_\_\_

Citation Issue Date: \_\_\_\_\_

**Reason for requesting dismissal:**

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**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.

***MAIL THIS FORM AND A PHOTOCOPY OF THE CITATION TO:***

Springfield Parking  
150B Bridge Street  
Springfield, MA 01103-1417

**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.