

## **REQUEST FOR CITATION DISMISSAL**

Author	ity Date:
150D D : 1	Name:
150B Bridge Street Springfield, MA 01103-1417 PH: (413) 731-0006 FAX: (413) 731-0012	Address:
	City, State, Zip:
	Telephone:
	Parking Violation #:
	Citation Issue Date:
Reason for requesting di	smissal:

## **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.
- Send all evidence to <a href="mailto:appeals@execuparking.com">appeals@execuparking.com</a> at least 24 hours prior to hearing time.

## 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.

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OFFICE USE ONLY		
REASON:		
SIGN:	DATE:	