



**City of Longmont**  
**Parking Citation Appeal Form**

This process is an administrative review of your parking citation. If you feel that the citation you received is unwarranted, provide a statement regarding why ticket is invalid/improper using this form and mail or bring it along with a copy of the original ticket within 10 days of the date on the ticket to: Community & Neighborhood Resources, Administrative Parking Ticket Appeal, 350 Kimbark Street, Longmont, CO 80501

Upon receipt of this form and a copy of the ticket the Administrative Review process will have up to 10 days to make a determination based on the merits of your case and you will be notified of the results in writing at the address provided in part 1 of this form.

Appellant fill out Part 1 and Part 2 only.

Part 1 (Completed by Appellant) TYPE OR PRINT CLEARLY

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Today's Date \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Email address: \_\_\_\_\_  
Ticket # \_\_\_\_\_ License Plate # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Part 2 (Completed by Appellant) TYPE OR PRINT CLEARLY

**CAUTION: ANY STATEMENTS MADE ON THIS FORM MAY CONSTITUTE AN ADMISSION ON YOUR PART.**

Why is this ticket invalid/improper: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use a blank sheet if more space is needed and provide attachments as needed.)

**Signature Required**  
Check One:  Registered Owner  Driver

Part 3 COMPLETED BY OFFICER - PRINT CLEARLY

PLEASE RETURN TO PARKING VIOLATIONS OFFICE BY: \_\_\_\_\_ (Date)

OFFICER'S COMMENTS, NOTES OR DIAGRAMS : \_\_\_\_\_

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Officer's Signature \_\_\_\_\_ (Date) \_\_\_\_\_

Part 4 FINDING OF HEARING - PRINT CLEARLY

The Administrative Review Officer has made the following decision on the parking ticket which you placed on appeal. This decision was based on the information provided by you and the issuing officer.

- Dismissed
- Not Dismissed

The reason for granting or denying a dismissal is: \_\_\_\_\_

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If a "Not Dismissed" decision is determined, payment must be received by the Finance Department at the Civic Center Complex, 350 Kimbark Street, Longmont, Colorado 80501 or you must request a formal review hearing with the Municipal Court within 30 days of the date of the citation.

\_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature HEARING OFFICER