

REQUEST FOR CITATION DISMISSAL



Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Parking Citation #: _____

Citation Issue Date: _____

Reason for requesting dismissal:

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 three to 10 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.
- Appeals are only accepted within 10 days after the date of ticket issuance.

MAIL THIS FORM AND A PHOTOCOPY OF THE CITATION TO:

Town of Beaufort
PO Box 390
701 Front Street
Attn: Beaufort Parking Appeal
Beaufort, NC 28516-0390

OR APPEAL ONLINE AT www.beaufortappeals.com.