



CITY OF ARVADA

## Parking Citation Appeal Form

This process is an Administrative Review of your parking citation. If you feel the citation you received is unwarranted, provide a statement to that effect by submitting an appeal using this form and mailing it with a copy of the citation and \$50.00 check or money order **within 10 days from the date of the dispute decision** to:

**Arvada City Manager's Office  
Parking Citation Hearing Officer  
8101 Ralston Road  
Arvada, CO 80002**

Upon receipt of your online appeal or this form, \$50.00 non-refundable payment and a copy of the citation, the Parking Citation Hearing Officer will have up to 10 days to set a hearing date.

### Part 1 (Completed by Appellant)

Ticket #: \_\_\_\_\_ Ticket Date: \_\_\_\_\_ License #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Vehicle Registered Owner     Vehicle Driver (check one)    Amount of Ticket: \$ \_\_\_\_\_

### Part 2 (Completed by Appellant)

**Please Note: Statements made on this form may constitute admission on your part**

Why citation is appealed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

