



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 Public Works
Parking Citation Hearing Officer
8101 Ralston Road
Arvada, CO 80002**

Upon receipt of 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: _____

