SOUTH PORTLAND POLICE DEPARTMENT
PARKING TICKET APPEAL FORM

NOTE TO APPLICANT:
(1) PLEASE FILL IN FIELDS WITH DATA FROM YOUR TICKET.
(2) PLEASE WRITE LEGIBLY. IF YOUR APPEAL IS NOT LEGIBLE, YOUR APPEAL WILL AUTOMATICALLY BE DENIED.
(3) BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, AND UNDERSTOOD, THESE TERMS.
(4) MAIL TO: South Portland Police Department, 30 Anthoine Street, South Portland, Maine 04106

Ticket #: _____________________________ (Bold number in the upper right corner)

Location: ________________________________

Date Ticket Issued: _____________________ Time Ticket Issued: _____________________

Registration of Ticketed Vehicle: __________________________ State of Registration: ________________

(License Plate)

Vehicle Make: __________________________ Type/Model: __________________________ Color: __________________________

Registered Owner’s Full Name: _________________________________________________________________

Mailing Address: ________________________________________________________________

City: __________________ State: __________ Zip: __________________

Telephone Number(s): _________________________________________________________________

Number or Initials of Issuing Officer: __________________________________________________________

Type of Parking Violation: __________________________ Fee: __________________________

Reason for the Appeal: _________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please use reverse side if needed

Signature: __________________________ Date: __________________________

YOU MUST SUBMIT YOUR APPEAL WITHIN FIFTEEN (15) DAYS OF THE TICKET DATE. YOUR APPEAL WILL BE REVIEWED WITHIN TEN (10) DAYS. FOLLOWING THE REVIEW OF YOUR APPEAL, A DECISION WILL BE FORWARDED TO YOU BY U.S. MAIL. AN APPEAL DOES NOT PREVENT WAIVER FEES FROM DOUBLING. REGARDLESS OF APPEAL, TICKETS NOT PAID WITHIN 15 DAYS WILL HAVE THEIR WAIVER FEE DOUBLED. YOU MAY ONLY APPEAL A TICKET ONCE. TICKETS WHICH HAVE BEEN PREVIOUSLY DENIED, WILL NOT BE REVIEWED AGAIN. BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU HAVE READ, AND UNDERSTOOD, THESE TERMS.

BELOW FOR OFFICE USE ONLY

Appeal Granted __________ Appeal Denied __________ Amount Due: __________________________

Signature: __________________________ Date: __________________________