

SCARBOROUGH 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 AGREE TO THESE TERMS.
- (4) MAIL TO: *SCARBOROUGH POLICE DEPARTMENT, 275 US ROUTE 1, SCARBOROUGH, ME 04074 Attn: Officer Chris Gerossie*

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: _____

Registered Owner's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Number or Initials of Issuing Officer: _____

Type of Parking Violation: _____

Reason for the Appeal: _____

Signature: _____ *Please use reverse side if needed* Date: _____

YOU MUST SUBMIT YOUR APPEAL WITHIN SEVEN (7) 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. YOUR PENALTY WILL NOT INCREASE DURING THE APPEAL PROCESS. YOU MAY ONLY APPEAL A TICKET ONCE. TICKETS WHICH HAVE BEEN PREVIOUSLY DENIED, WILL NOT BE REVIEWED AGAIN. BY SIGNING THIS FORM, YOU AGREE TO THESE TERMS.

BELOW FOR OFFICE USE ONLY

_____ Appeal Granted	_____ Appeal Denied	Amount Due: _____
Signature: _____		Date: _____
Notes: _____		
