Parking Violation Appeal

City of Grants Pass

To appeal a parking citation you have received from the City of Grants Pass fill out this form and submit it to:

Grants Pass Department of Public Safety
Attn: Records/Parking Appeals
101 NW A Street, Grants Pass, OR. 97526
541-450-6260

Or you may hand deliver this form to a records clerk at the Department of Public Safety during regular business hours. A photocopy of the citation is appreciated. Appeals are only accepted within 14 days after the date the ticket was issued.

The following information is required for your appeal to be processed:

VEHICLE LICENSE PLATE # _______________ STATE: _____ MAKE/MODEL/COLOR: _______________________

DATE/TIME OF CITE: _______________ LOCATION OF CITE: _________________________________

PARKING VIOLATION TYPE: _______________________________ FINE: __________________

YOUR NAME: _______________________________ DOB: ___________ ID# ____________________________

YOUR ADDRESS: _______________________________ CITY: ___________ STATE: ______

PHONE # _______________________________ Citation # (top of ticket): ______________

By signing this Appeal you swear/affirm that all information you have provided is true and correct. Any false statements may result in civil and/or criminal penalties.

Signature:_________________________________________ Date:________________________

A Hearings officer will review this appeal and notify you of the findings within 5 to 6 business days at your listed phone number. The parking fine will hold at the original amount until you receive notice from our office regarding disposition of your appeal.

DEPARTMENT USE ONLY

HEARING OFFICER: __________________ DATE/TIME: __________________

FINDING:

DEFENDANT NOTIFIED OF FINDING: YES/NO DATE/TIME: __________________ METHOD: __________________

ROUTED TO FINANCE: YES/NO