

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): _____

Narrative: (Explain reason for appeal)

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:
FINDING:

DATE/TIME:

DEFENDANT NOTIFIED OF FINDING: YES/NO

DATE/TIME:

METHOD:

ROUTED TO FINANCE: YES/NO