

Parking Ticket Appeal Form



This is an administrative review process. Please complete this form if you believe the parking ticket received by you is unwarranted because the facts alleged on the ticket fail to show an ordinance was violated or the parking meter was inoperable. **Note: You must report an inoperable meter within 24 hours of receiving a parking ticket.**

Appeals must be filed in the Fort Dodge City Clerk's Office within 10 days from the date of the offense. If you do not receive a response within 10 days, please contact the City Clerk's Office at 515-576-4551.

A hearing officer will review the available materials, consider the matter and make a determination on the merits of your case. **Be complete and include any documentation and/or diagrams, as this is the only evidence that will be considered by the hearing officer.** A copy of the officer's decision will be mailed to you within 10 work days of receipt of acceptance of the appeal.

Prior to any appeal being granted, all previous unpaid parking fines must be paid in full.

Questions? Contact the City Clerk's Office at 515-576-4551

Please print or type

Name _____

Address _____

City, State, Zip _____

Daytime Phone Number _____

Alternate Daytime Phone Number _____

Email Address _____

Driver License Number _____

Ticket Number _____

Date Ticket Issued _____

License Plate Number _____

Vehicle Description (Make, Model, Color) _____

Violation Type (Check One) Expired Meter Overtime Illegal Snow Route Imp. Registration
 Handicap Parking Other

Parking Ticket Appeal Form



REASON FOR APPEAL:

Please attach any diagrams or photographs you would like to be considered.

Caution, any statement made on this form may constitute an admission on your part.

Submit form to City Clerk's Office, 819 1st Ave S, Fort Dodge IA 50501, or Fax to 515-573-2084.

Signature _____
I certify that the details of my appeal are true and accurate.

Today's Date _____

If you receive a "not voided" decision, the matter may be appealed to the Webster County District Court for judicial determination. If you request judicial determination, you must appear in Magistrate Court, 2nd floor, Law Enforcement Center, **3rd floor of the courthouse during construction**, within seven business days of the date of the response.

FOR OFFICIAL USE ONLY

DATE OF APPEAL: _____ DISPOSITION DATE: _____

DISPOSITION: **VOIDED** _____ **APPEAL DENIED** _____ (PAYMENT DUE)

FINDINGS: _____

Investigation completed by: _____ Date: _____