



## PARK CEDAR RAPIDS PARKING CITATION APPEAL FORM

This process is an administrative review. If you feel that the citation you received is unwarranted or there are mitigating circumstances connected to your citation, please fill out this form and mail along with the original ticket to: Park Cedar Rapids, 349 4th Ave SE, Cedar Rapids, Iowa 52401. (Phone 319/365-7275). Upon receipt of this form and the original ticket, action will be stopped until the Administrative Review Panel makes its final decision. The Administrative Review Panel meets once per month and will make a determination based on the merits of your case and you will be notified of the results by email or letter. If you receive an unfavorable response, you may request the matter be taken before a Magistrate or District Associate Judge for a judicial determination.

### APPELLANT: FILL OUT PART 1 AND PART 3 ONLY

PART 1: (COMPLETED BY APPELLANT) TYPE OR PRINT CLEARLY		
Name: _____	Phone: _____	
Address: _____	Date: _____	
City: _____	Email: _____	
State, Zip: _____		
Citation # _____	License Plate # _____	Amount \$ _____

PART 2: FINDING OF ADMINISTRATIVE REVIEW PANEL	
The Administrative Review Panel has made the following decision on the parking ticket(s) which you placed on appeal. This decision was based on the information provided by you and the issuing officer.	
Citation:	
<input type="checkbox"/> <b>Dismissed</b>	
<input type="checkbox"/> <b>Not Dismissed</b>	
If a "Not Dismissed" decision is determined, payment must be received by the Park Cedar Rapids office within fifteen (15) days of this notice. If unpaid after this time, Park Cedar Rapids reserves the right to send any unpaid amounts to a collection agency.	
_____ <b>Authorized Signature</b> <b>ADMINISTRATIVE REVIEW PANEL</b>	_____ Date

PART 3: (COMPLETED BY APPELLANT) TYPE OR PRINT CLEARLY

**CAUTION: ANY STATEMENTS MADE ON THIS FORM MAY CONSTITUTE AN ADMISSION ON YOUR PART.**

Mitigating Circumstances (use blank sheet if more space is needed):

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\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Required*

Check One:  Registered Owner  Driver

PART 4: COMPLETED BY OFFICER

Please Return To Parking Violations Office By: \_\_\_\_\_ (Date)

Officer's Comments:

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*Officer's Signature*