

REQUEST FOR CITATION DISMISSAL



Date: _____

Name: _____

Address: _____

146 Chestnut St., Lower Level
Springfield, MA 01103-1576
PH: (413) 731-0006
FAX: (413) 731-0012

City, State, Zip: _____

Telephone: _____

Parking Violation #: _____

Citation Issue Date: _____

Reason for requesting dismissal:

APPEALS PROCESS:

- The parking program has set up an administrative appeal process for individuals who believe their parking citation was issued in error.
- Individuals will be contacted in approximately five to six business days after the citation appeal form has been submitted regarding the disposition of the appeal.
- The parking fine will hold at the original amount until you receive notice from our office regarding the disposition of your appeal.

MAIL THIS FORM AND A PHOTOCOPY OF THE CITATION TO:

Springfield Parking
146 Chestnut St., Lower Level
Springfield, MA 01103-1576

NOT REASONS FOR AN APPEAL:

- Lack of knowledge of the City's parking regulations.
- Appointment conflicts or tardiness going or returning from appointments.
- Inability to find a legal parking space.
- Failure to have appropriate or sufficient amount of coins.