

Rockland Police Department
Parking Ticket Appeal Form

Note to Applicant:

(1). Please fill in fields with data from your ticket. (2). Please write legibly. If your appeal is not legible, your appeal will be automatically denied. (3). By signing this form, you agree to these terms.

Ticket #: _____
(Red five-digit number on left side of ticket)

Location: _____

Date Ticket Issued: _____ Time Ticket Issued: _____

Registration of Ticketed Vehicle: _____ State of Registration: _____
(License Plate)

Vehicle Make: _____ Type/Model: _____ Color: _____

Registered Owner's Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Number or Name of Issuing Officer: _____

Type of Parking Violation: _____ Fee: _____

Please indicate Basis for Appeal (Check one or more)

- _____ The issuance of the ticket was arbitrary or was abuse of discretion
_____ The issuance of the ticket was not supported by the evidence of a violation
_____ Other: _____

Details to Support Appeal: _____

Please use reverse side if needed

Signature: _____ Date: _____

You must submit your appeal within seven (7) business days of the ticket date. Your appeal will be reviewed and a written decision will be forwarded to you by U.S. Mail within ten (10) business days from the receipt of the appeal. Your penalty will not increase during the appeal process. You may only appeal a ticket once. Tickets which have been previously denied will not be reviewed again. By signing this form, you agree to these terms.

BELOW FOR OFFICE USE ONLY

_____ Appeal Granted _____ Appeal Denied Amount Due: \$ _____
Deputy Chief's Signature: _____ Date: _____
Notes: