



REQUEST FOR CITATION DISSMISAL

Date: _____

Name: _____

Address: _____

146 Chestnut St. Lower Level City, State, Zip: _____

Springfield, MA. 01103-1576 Telephone: _____

PH: (413) 731-0006 Parking Violation #: _____

FX: (413) 731-0012 Violation Issue Date: _____

Reason for Requesting Dismissal:

APPEAL 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 seven to ten business days after the citation appeal form has been submitted regarding the disposition of the appeal.
- Individuals will be responsible for the original parking fine amount and any additional late fees acquired while appealing process is taking place.

Return this form and citation to:

Springfield Parking Authority
146 Chestnut Street, Lower Level
Springfield, MA 01103 – 1576

Please indicate how you would like to appeal this citation:

- Phone
- In-person
- Via mail

NOT REASON 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.