OGUNQUIT POLICE DEPARTMENT
20 COTTAGE STREET, P.O. BOX 666
OGUNQUIT, MAINE 03907
207-646-9362

PARKING TICKET APPEAL FORM

PLEASE PRINT ALL REQUESTED INFORMATION

TICKET INFORMATION

TICKET #: _____ (ON ENVELOPE) DATE OF ISSUE: _____ TIME ISSUED: _____

TYPE OF VIOLATION: _____ LOCATION OF VIOLATION: _____

INITIALS OR NUMBER OF ISSUING OFFICER: _____ PENALTY: _____

VEHICLE INFORMATION

REGISTRATION #: _____ STATE OF REGISTRATION: _____

VEHICLE MAKE: _____ TYPE: _____ COLOR: _____

REGISTERED OWNER'S NAME: _____
[OPERATOR INFORMATION IF VEHICLE IS A RENTAL/LEASE]

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____ TELEPHONE: _____

REASON FOR APPEAL (PRINT CLEARLY): _____
_____
_____
_____
_____
_____
(USE REVERSE IF NECESSARY)

_____ _____
OPERATOR'S SIGNATURE DATE

YOUR APPEAL WILL BE REVIEWED WITHIN TEN (10) DAYS. FOLLOWING THE REVIEW, A DECISION WILL BE FORWARDED TO THE ADDRESS GIVEN ABOVE. YOUR FINE WILL NOT INCREASE DURING THE APPEAL PERIOD.

FOR OFFICE USE ONLY

- ❑ DENIED _____
  APPROVED BY
- ❑ GRANTED _____
  DATE