PARKING TICKET ADMINISTRATIVE REVIEW FORM

CITY OF IOWA CITY

APPEALER:
FILL OUT TOP PORTION ONLY OF BOTH PAGES

Date: _____

_____
Name

_____
Address

_____
City State ZIP

License Plate #_____	License Plate #_____
Ticket 1 #_____	***Ticket 2 #***_____
Amount $_____	Amount $_____
License Plate #_____	License Plate #_____
Ticket 3 #_____	***Ticket 4 #***_____
Amount $_____	Amount $_____

PARKING VIOLATION ADMINISTRATIVE REVIEW PROCEDURES:

A driver or owner of a vehicle issued a parking violation may request an administrative review of the parking violation by completing this form. Such request shall be completed within twenty (20) calendar days from the date the parking ticket was issued. Failure to request and complete such review within the 20 day period waives your opportunity for an administrative review. Such review is presented to a three (3) member panel with a determination based on the defenses or mitigating circumstances set forth on the review request. The panel may dismiss any parking ticket for good cause and any fine monies paid towards the reviewed parking violation shall be refunded, less any unpaid parking fines then owing by the driver or owner charged.

If you disagree with a "not dismissed" decision, you may have the matter brought before a judicial magistrate for determination. ANY VEHICLE WHICH HAS ACCUMULATED 50 OR MORE DOLLARS IN PARKING VIOLATIONS MAY BE IMPOUNDED UNLESS ALL TICKETS ARE PAID. (Iowa City Code of Ordinances)

APPEALER: DO NOT WRITE BELOW THIS LINE. PLEASE COMPLETE NEXT PAGE

CITY USE ONLY:

The Administrative Review Board on _____ made the following decision on the parking ticket(s) you placed on appeal. This decision was based on information provided by you and the issuing officer.

TICKET #1	TICKET #2	TICKET #3	TICKET #4
☐ DISMISSED ☐ NOT DISMISSED	☐ DISMISSED ☐ NOT DISMISSED	☐ DISMISSED ☐ NOT DISMISSED	☐ DISMISSED ☐ NOT DISMISSED

("NOT DISMISSED" TICKETS SHALL BE SUBJECT TO FINE ESCALATION: $5.00 FINE TO $10.00 IN THIRTY (30) CALENDAR DAYS; $10.00 FINE TO $15.00 IN THIRTY (30) CALENDAR DAYS.)

Review Board Comments: _____

_____

_____

_____

_____

_____
Authorized Signature
Administrative Review Board

ORIGINAL – Parking
Copy 1 – Appellant
Copy 2 – Revenue

Rev. 6/09

CITY OF IOWA CITY

PARKING TICKET REVIEW

To the Driver or Owner Receiving a Parking Ticket: If you feel that the ticket received by you is unwarranted or there are mitigating circumstances, please state them below. This form will then be reviewed by the Administrative Review Board and a determination will be made on the merits of your case. If you receive an unfavorable response, the driver or vehicle owner may take this matter before a Magistrate for a judicial determination. **PLEASE COMPLETE WITHIN 20 CALENDAR DAYS FROM THE TICKET ISSUE DATE, OR YOUR APPEAL RIGHTS ARE WAIVED.**

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

NOTE: IF TICKETED FOR VIOLATING HANDICAPPED PARKING REGULATIONS AND YOU POSSESS A VALID PERMIT, PLEASE SUPPLY SS# OR PERMIT # TO ALLOW VERIFICATION:_____

APPEALER'S STATEMENT OF DEFENSE: **If you need more space, please attach a separate page.**

_____ _____

SIGNATURE DATE

DAY PHONE: _____ HOME PHONE: _____

DO NOT WRITE BELOW THIS LINE. RETURN COMPLETED FORM BY MAIL OR IN PERSON TO: TRANSPORTATION SERVICES, CITY OF IOWA CITY, 335 E. IOWA AVENUE, IOWA CITY, IA 52240

CITY USE ONLY:

OFFICER #1 COMMENTS: _____

_____

_____

_____

_____

_____

SIGNATURE

OFFICER #2 COMMENTS:_____

_____

_____

SIGNATURE