



# CITY OF CEDAR RAPIDS, IOWA

## PARKING VIOLATION APPEAL FORM

This process is an administrative review. If you feel that the ticket you received is unwarranted or there are mitigating circumstances, please fill out this form and mail it along with the original ticket to: **Republic Parking, 201 1<sup>st</sup> Avenue SE 3<sup>rd</sup> Floor, Cedar Rapids, Iowa 52401** (Phone 319/365-7275). Upon receipt of this form and the original ticket, action will be stopped until the Administrative Review Panel makes their final decision. The Administrative Review Panel meets once a month and will make a determination based on the merits of your case. You will be notified of the results in writing. If you receive an unfavorable response, you may request the matter be taken before a Magistrate or District Associate Judge for a judicial determination.

**Appellant fill out Part 1 and Part 3 only.**

**Part 1. (Completed by Appellant) TYPE OR PRINT CLEARLY**

Name _____	Phone _____	
Address _____	Date _____	
_____		
Email _____		
Ticket 1 # _____	License # _____	Amount \$ _____
Ticket 2 # _____	License # _____	Amount \$ _____
Ticket 3 # _____	License # _____	Amount \$ _____
Ticket 4 # _____	License # _____	Amount \$ _____

**Part 2. FINDING OF ADMINISTRATIVE REVIEW PANEL**

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

Ticket 1	Ticket 2	Ticket 3	Ticket 4
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Dismissed	<input type="checkbox"/> Dismissed
<input type="checkbox"/> Not Dismissed	<input type="checkbox"/> Not Dismissed	<input type="checkbox"/> Not Dismissed	<input type="checkbox"/> Not Dismissed

If a "Not Dismissed" decision is determined, payment must be received by the Parking Violations Office within fifteen (15) days of this notice. If unpaid after this time, a Notice of Complaint will be filed with the Linn County Clerk of Court, and an appearance date will be given. If a plea of guilty is made, payment of the ticket(s) and court costs will be required. If a plea of not guilty is made, a trial date will be set. If found guilty at trial, a fine and court costs will be levied.

Authorized Signature <b>ADMINISTRATIVE REVIEW PANEL</b>	Date
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**Part 3. (Completed by Appellant) TYPE OR PRINT CLEARLY**

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

MITIGATING CIRCUMSTANCES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use a blank sheet if more space is needed.)

\_\_\_\_\_  
**Signature Required**

Check One:  Registered Owner  Driver

**Part 4. COMPLETED BY OFFICER**

PLEASE RETURN TO PARKING VIOLATIONS OFFICE BY: \_\_\_\_\_ (Date)

OFFICER'S COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Officer's Signature