CITY OF KENT, OHIO
PARKING TICKET APPEAL FORM

Please PRINT name and address neatly because it will be your return address label.

Name ___________________________ Date Today ___________________________

Address ___________________________ License Plate Number ___________________________

City ___________________________ Ticket Number ___________________________

State ___________ ZIP ___________ Date of Ticket ___________________________

Local Phone ___________________________ Email Address ___________________________

1. Ignorance of parking laws is not an excuse. The driver is responsible for knowing the traffic regulations which are available at the Kent Free Library and the Kent State University Library.

2. A parking permit is not a guarantee of a parking space close to your business or place of employment.

3. The vehicle's registered owner is responsible for any parking tickets issued to the vehicle.

I have read and understand the above information.

________________________________
Signature

I am appealing this parking ticket because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

FOR OFFICE USE ONLY

This appeal has been filed WITHIN 10 Days ___________ . Filed AFTER 10 Days ___________

Your appeal has been reviewed and it has been determined that:

_____ The ticket is valid and the fine payment is required. Please refer to # __________ on the attached explanation form.

_____ The fine is reduced. Please refer to # __________ on the attached explanation form.

Please remit $ ____________ if paid by ____________ . After that date, pay ____________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Officer ___________________________ Date ___________________________ Supervisor ___________________________ Date ___________________________

Rev. 5417
PLEASE RETURN THIS FORM WITH PAYMENT FOR PROPER CREDIT

APPEAL RESOLUTION EXPLANATION FORM

Date_____________________

1. _____ The Bureau of Motor Vehicles of the State of Ohio has you listed as the owner of Ohio Registration Number ____________. According to Ohio law, it is your responsibility as the vehicle owner to pay or make sure that all parking tickets are paid.

2. _____ Our records indicate no payment has been received for this parking ticket number ____________ issued on ____________. Sending cash in the mail is not a recommended method of payment. Unless you can submit a copy of a canceled check (both sides) or a receipt, the fine is not considered paid.

3. _____ This vehicle has _____ unpaid parking tickets. At this time, the total fines and penalties to the above date are $___________.

4. _____ Based upon your explanation that you were not aware of the ticket until now, we will extend the courtesy of eliminating the additional penalty. The original fine amount is $___________.

5. _____ The area in which you parked is restricted to handicap parking permits at all times. There is no exception to this violation and you did not show proof that you possess such a permit.

6. _____ The area in which you parked is restricted to fire emergency vehicles at all times. You are possibly endangering lives and property when you park in "Fire Lanes."

7. _____ The area in which your vehicle was parked is restricted to moving traffic. Your vehicle was creating a traffic hazard by parking in a traffic lane.

8. _____ You parked in a crosswalk causing pedestrians to cross the street outside the marked crosswalk or blocking their view for a safe crossing.

9. _____ The area in which you parked is restricted to pedestrians (sidewalk) at all times. Driving to or from the area in which you parked may endanger pedestrians and blocks their safe passage.

10. _____ City ordinance prohibits parking in the front and side yard of residential property unless parked on an approved gravel or paved driveway.

11. _____ You were parked reverse to the normal flow of traffic.

12. _____ The area in which you parked is restricted to two hours only. Your tires were chalked at _______ and the ticket was issued at _______. You were parked over the time limit.

13. _____ The area in which you parked is restricted between the hours of 3:00 A.M. to 6:00 A.M.

14. _____ You were parked in a yellow curb area or signs designated "No Parking Anytime."

15. _____ You were parked on a tree lawn.

16. _____ If your vehicle is not parked between two white lines then you are considered parking beyond the designated space and inconveniencing other motorists.

17. _____ As a result of this review and for the reasons you stated in your appeal, your parking ticket fine has been eliminated, and no payment is required.

18. _____ Other

__________________________

__________________________

__________________________

__________________________

--------------------------- FOR KENT POLICE DEPARTMENT USE ONLY---------------------------

Completion of Form:
1. Personal data of appellant is self-explanatory.
2. Ticket information is self-explanatory.
3. City permit information is self-explanatory.
4. Reason for appeal is a narrative for appellant.
5. Copy of ticket or printout is attached.

For Office Use Only Area:
1. The appeal form is given to the supervisor of the officer who wrote the ticket.
2. The officer reviews the appellant's narration and discusses the situation with the supervisor.
3. The supervisor completes the forms, makes a copy and sends the original to the appellant. The copy is left for the dispatcher in charge of parking tickets. The dispatcher then makes a copy of the appeal form and forwards it to Budget & Finance.

Rev. 5/4/17