

**CITY OF PORTSMOUTH, NEW HAMPSHIRE**  
**Parking Ticket Appeal Form**

**INSTRUCTIONS:** To contest a parking ticket issued by a Parking Enforcement Officer or a Portsmouth Police Officer please complete and sign this form and return it the Parking Clerk's office at City Hall. The Parking Clerk's office will process your appeal for investigation with the proper authority. The investigation will be completed within 7 calendar days. You may mail your appeal to: Parking Clerk's Office / Appeal, 1 Junkins Avenue, Portsmouth, NH 03801. You may fax your appeal to: Parking Clerk's Office @ (603) 431-6362. **Appeals must be made within 20 days from the date of ticket issuance. It is your responsibility to call the Parking Clerk's office at (603) 610-7229 or (603) 610-7253 within 10 days from the date the appeal is being mailed or faxed for disposition.**

**Prior to any appeal being granted, all previous unpaid parking fines must be paid in full.**

**(PLEASE PRINT)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#:(DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

METER#: \_\_\_\_\_ STREET LOCATION: \_\_\_\_\_

TICKET#: \_\_\_\_\_ DATE & TIME OF ISSUANCE \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

*I certify that the details of my appeal are true and accurate.*

<b>FOR OFFICIAL USE ONLY</b>
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DATE OF APPEAL: \_\_\_\_\_ DISPOSITION DATE: \_\_\_\_\_

**DISPOSITION:**      **VOIDED**                       **APPEAL DENIED**  (PAYMENT DUE)

FINDINGS: \_\_\_\_\_

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

Investigation completed by: \_\_\_\_\_ Date: \_\_\_\_\_