

# Parking Violations Appeal Form

**Parking Violations  
Beaufort Police Department  
610 Broad Street  
Beaufort, NC 28516  
252-728-4561**

OFFICE USE
Marked: _____
Date Received: _____
Ticket Paid: _____

You have the right to appeal parking citations issued for violations of the Town of Beaufort. The appeal must be filed with the Police Department within 10 (ten) business days of the date of the citation. Appeals which are incomplete or filed after the ten-day period will not be considered. There is a limit of 2 (two) appeal opportunities, per person/vehicle per year. After the first appeal is filed, all other citations to be appealed must be paid prior to submittal.

DATE: \_\_\_\_\_

NAME OF APPELLANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \*\*\*-\*\*-\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

### Citation Information

Ticket Number	License Plate	Date of Ticket	Violation
_____	_____	_____	_____

The following is a description of the details of my case. (Use reverse side for continuation is necessary.)

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

I affirm that this information is true and correct.

Signature of Appellant: \_\_\_\_\_

### **Action by the Citation Appeal Committee**

DATE OF COMMITTEE REVIEW: \_\_\_\_\_ TICKET NUMBER: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reduced \_\_\_\_\_ Amount Due: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Appeal Coordinator

\_\_\_\_\_  
Date