



CITY OF COEUR D'ALENE PARKING TICKET APPEAL FORM

Appeal forms must be submitted within TEN (10) calendar days of issue date on citation. You will be notified of the decision in writing within FIFTEEN (15) business days after the filing of this Appeal form.

PLEASE NOTE: The following WILL NOT be considered grounds for filing an appeal: (1) having only a portion of your vehicle parked in a prohibited space; (2) accidentally or unintentionally parking illegally; (3) being unaware of parking ordinances; (4) unavailability of parking in the area; (5) being unaware of the passage of time

Please complete and return to: **Parking Ticket Appeals
City of Coeur d'Alene
710 Mullan Ave
Coeur d'Alene, ID 83814**

Appeal Form may also be faxed to: (208) 769-2284 or submitted on line at: parkingtickets@cdaid.org

Ticket No.	Date and Time Issued:
Location:	
License Plate Number:	Violation:
Name:	
Address:	
Phone:	E-Mail:
Please state the reason you are appealing your parking ticket (attach additional pages, if necessary):	
Date:	Signature:

NOTIFICATION OF DETERMINATION (FOR ADMINISTRATIVE USE ONLY)

_____ The citation is valid and must be paid by _____. Amount due: \$_____.

_____ The citation will be dismissed upon proof of ____ valid handicap permit ____ valid monthly parking permit.

_____ Your citation is dismissed, no further action is required.

Comments:

Date: _____ Signature: _____
Title: MEMBER OF PARKING COMMISSION