



## 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: [www.cdavid.org](http://www.cdavid.org)

Ticket No.	Date and Time Issued:
Location:	
License Plate Number:	Violation:
Name:	Phone:
Address:	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