

## Request for Disabled Citation Dismissal

Date of Appeal:	

•		n <u>14 calendar days of the date and time of</u> lo so will result in a plea of Guilty and all	
• •	,	e will be added to your fine during the appeal	
·	ight to apply a \$7.50 administrative fee		
n addition to this appeal form,	we require additional documents to be	e presented (or photocopies is not in person)	
Original parking citation			
The Disabled Parking Placard Valid at time of Citation		-6	
The Driver's license that co	nse that corresponds to Placard		
Payment of \$7.50 for an Ad	Iministrative processing fee (City Code	Sec. 33-166)	
There are a couple options avai	ilable for submitting a Request for Citat	tion Dismissal:	
1.Present in person at the Par	king Operations Division (POD), 8 a.m.	to 5 p.m., Monday through Friday, 1565 1 <sup>st</sup>	
	in the center of the lobby of CityHall.		
2.Mail this form and the above	e stated requirements to the Parking Di	vision Office, 1565 1 <sup>st</sup> Street, Sarasota, FL 34236.	
Full Name (Please Print – Above the line)		Phone Number including Area Code	
Street Name and Number, Apt.#	ł and/or P.O. Box	Email Address	
City, State, and Zip Code		License Plate and State	
· ·			
Citation #:	Date of Citation:		
		Signature of Petitioner Above	
ADMINSTRATIVE RESPONSE:	Date of Response:	Page .	
Check the requirement that wer		<u>By:</u>	
Appeal submitted within 14			
<ul><li>Valid Disabled Parking Place</li></ul>	·		
Driver's License Matching D			
Appeal accompanied by \$7	-		
The state of the s	JO F AYIIICIIL		
Your citation has been <b>D</b>	<b>DISMISSED.</b> This letter serves as your verific	cation that your citation has been excused	
	JPHELD. Please see above for the docume	•	
Comments			
Comments			