

Parking Citation Appeal Request

Please review the details of your parking citation and carefully read the parking citation appeal program rules & regulations at <https://www.annapolisparking.com/parking-citation-appeal-process/>.

Please mail the completed form to:

SP+ Citation Processing
60 West Street, Suite 106
Annapolis, MD 21224

Today's Date: _____

Name: _____

Street Address: _____

City, State Zip Code _____

Contact Phone #: _____

Parking Ticket Number and Issue Date: _____

Vehicle License Plate Number / State: _____

Appeal Reason (Please limit to approximately 300 characters or 60 words):

Up to 3 attachments may be submitted with the appeal. Please sign the completed form and **mail within 10 days** from the parking citation issue date. Any appeals postmarked after 10 days from the parking citation issue date will not be considered. **Please call (443) 648-3087 if there are any questions.**

I agree that I have read and understand the parking citation appeal rules and regulations.

Signature

Date