



ANNAPOLIS
Maryland

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/>.

Name: _____

Street Address: _____

City, State, Zip Code _____

Contact Phone #: _____

Parking Ticket # 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.

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

Signature: _____ Date: _____