

# REQUEST FOR CITATION DISMISSAL

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

CITATION # \_\_\_\_\_

CITATION ISSUE DATE: \_\_\_\_\_

REASON FOR REQUESTING DISMISSAL:

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**APPEALS PROCESS**

The parking program has set up an administrative appeal process for individuals who believe their parking citation was issued in error.

Mail this form and a photocopy of the citation to:

Town of Carolina Beach Parking Office

1204 N. Lake Park Blvd.

Suite D

Carolina Beach, NC 28428

**NOT reasons for appeal:**

- Lack of knowledge of the City's parking regulations.
- Appointment conflicts or tardiness going or returning from appointments.
- Inability to find a legal parking space.
- Failure to have appropriate or sufficient amount of coins.

Central Parking System  
Town of Carolina Beach Parking Office  
1204 N. Lake Park Blvd. Suite D, Carolina Beach, NC 28428  
Phone 910-458-4614  
Fax 910-458-4705