

REQUEST FOR CITATION DISMISSAL

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE # _____

CITATION # _____

CITATION ISSUE DATE: _____

REASON FOR REQUESTING DISMISSAL:

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.

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