

Request for Citation Dismissal



Mail this form and a photocopy of your citation to City of Sarasota Parking Collections, P.O. Box 1058, Sarasota, FL, 34230.

Fax this form and a photocopy of your citation to City of Sarasota Parking Collections, Fax # 941-954-4128.

Present this form and a photocopy of your citation to the Parking Collections Booth at 1565 1st St between the hours of 7am and 4pm M-F.

Full Name (Please Print - Above the line)

Email (City response will be emailed to you at this address)

Street Name and Number, Apt. # and/or P.O. Box

City, State, Country and Zip Code

Phone Number Including Area Code

RE: Citation #: _____

Date of Appeal*: _____

*Please Note: Request for citation dismissal must be submitted within 14 calendar days of the date and time of issuance of the citation (Sarasota City Code: Sec. 33-168). Failure to do so will result in a plea of Guilty and all applicable late fees will be added to your Citation balance (No late fee will be added to your fine during the appeal process).

Date Citation was issued: _____

License Plate and State:

Reason for Request for Citation Dismissal: (Please Check One)

- I am a current Handicap Permit holder and I received a citation for parking in a Handicap space without displaying my permit. (Photocopy of current Handicap Permit and Drivers License of Permit holder shall be attached to this form).
- I was involved in an emergency situation that prevented me from moving my car before the time limit elapsed. (Photocopy of Police Report or any corroborating documents shall be attached to this form).
- I was incorrectly cited in a numbered space of a Paid Parking Lot where I had already paid the parking fee and was still within the allotted time. (Photocopy of receipt of payment showing space number, date and time shall be attached to this form).
- Other: (Please provide a brief description)
- _____
- _____

Administrative Response:

Date of Response: _____

By: _____

Your citation has been **DISMISSED**. This letter serves as your verification that your citation has been excused.

Your citation has been **UPHELD** for the following reason:

_____ Citations can not be dismissed based upon *failure to display* current registration sticker on license plate.

_____ Citations can not be dismissed based upon *failure to display* parking permit.

_____ Citations can not be dismissed for parking in a *Disabled Parking Access Aisle*.

_____ Citations can not be dismissed when a *Warning Ticket* has been previously issued for the same violation.

_____ Citations can not be dismissed based on lack of knowledge of the City's parking regulations.

_____ Photographic evidence of your violation does not support your request for dismissal (Photo attached).

_____ Other: _____

You will be given 14 days from receipt of this notice to pay your citation without accessing a late fee. Payment can be made on the internet (www.parking.sarasotagov.com) In person (8am-5pm M-F City Hall Parking Collections Office, 1565 1st Street) or by mail to City of Sarasota Parking Collections, P.O. Box 1058, Sarasota, FL 34230 (Check or money order must reference Citation number).

If you wish to continue to appeal this violation you may do so through the Court of Sarasota County by calling the City of Sarasota Parking Collections office at 941-954-2675 and scheduling a court hearing. Court hearings must be scheduled within 30 days of receipt of this notice. **Applicable court charges will apply to court hearings.**