



CITY OF BIDDEFORD

Police Department
39 Alfred Street, Biddeford, Maine 04005



Chief Roger P. Beaupre Phone: 207-282-5127 Fax: 207-282-9879 biddefordmaine.org/police

Parking Ticket Appeal Form

(Please print all requested information)

All appeals must be filed within 20 days of the date that the parking ticket was issued.

Ticket Information:

Ticket #: _____ Date of Issue: _____ Time: _____ Location: _____

Type of Violation: _____

Issuing Officer: _____ Penalty Amount: _____

Vehicle Information:

Registration Number: _____ State of Registration: _____

Vehicle Make: _____ Model: _____ Color: _____

Registered Owner's Name: _____

Mailing Address: _____
(Please include State and Zip Code)

Operators Name (if different from above): _____

Operators Mailing Address: _____
(Please include State and Zip Code)

Telephone Number: () - Email Address: _____

Reason for Appeal:



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If completing as a fillable form, entering your name in the Appellant's Signature constitutes a legal signature.

Appellant's Signature: _____ **Date:** _____

Your appeal will be reviewed within 15 business days. A decision will be forwarded to either your mailing address, email or you will receive a telephone call. Your fine will not increase during the appeal process. If payment is not be made within 30 days, the fine will be doubled. After 6 months, the fine will go to a collection agency.

Press To Send by Email
After Form Is Completed

***** For Department Use Only*****

Note: Not all email programs will open after pressing the above button. You may have to save the document and manually attach it to an email to debra.levasseur@biddefordmaine.org.

Date Received By Records Division _____

Appeal Denied Appeal Granted Ticket Changed to Warning

Comments: _____

Chief of Police

Date