

Mailing Address for Appeals and Inquiries:

CITY OF CLINTON

Attn: City Manager

221 Lisbon Street

Street

PO Box 199

Clinton, NC 28329-0199



Parking Information: (910) 592-3105

In-Person Payments:

City Hall Municipal Building, 221 Lisbon

Office Hours:

8:30 am – 5:00 pm, Monday through Friday

REQUEST FOR APPEAL

City Ordinance requires that a request to appeal a parking citation must be received no later than (5) days from the date of issuance of the initial citation. You will NOT incur additional fees if this form is received within five days. Once received, your appeal will be reviewed by the City of Clinton City Manager. If the City Manager requires additional information, you will be contacted by phone. The review disposition will be mailed to you.

CITATION INFORMATION

Citation Number:	Date of Issue:
License Plate:	License Plate State:
Violation Description:	

PERSONAL INFORMATION

Name:			
Street Address:			
City:	State:	Zip:	
Daytime Telephone:	Email Address:		
Driver's License Number:	Driver's License State:		

The following is not accepted as grounds for appeal:

- Lack of knowledge of the City's parking regulations;
- No other vehicles were ticketed; or
- Inability to find a valid parking space.

Please explain your circumstances and why you believe this parking citation should be dismissed. Use the overleaf or attach a separate sheet if additional space is needed.

Signature: _____

Date: _____

Are you the Registered Owner of the vehicle to which this citation is issued? _____ Y/N

If you are not the Registered Owner of the vehicle to which this citation was issued, please explain why you are requesting the review rather than the Registered Owner:

By submitting this request for review, I hereby accept responsibility for the parking citation listed above. _____
(Initials)

Mail this form and copies of supporting documents to the mailing address shown at the top left of this form.