

## STEP 1

The first level of appeal is an Administrative Review by the Park It! Appeals Department.

### REQUESTING AN ADMINISTRATIVE REVIEW:

- This form must be submitted to the Park It! Office **within 30 days** of the issuance of the citation.
- A photocopy of your transit citation must be attached to the Request for Citation Dismissal Form.
- Also, include other supporting documentation, i.e. transit pass, and fare card.
- Do not send originals. Documentation will not be returned.
- Incomplete information or failure to contest the citation **within the 30 days** time period will automatically end the appeal process and the transit citation must be paid.

The findings of the Administrative Review will be mailed to you **within 10 days** of receipt of the Request for Citation Dismissal Form.

If the results of the investigation conclude that the violation did occur, you must pay the citation fine **within 30 days** of the mailing of the Administrative Review notification, or file for an administrative appeal hearing.

Failure to pay the transit citation in a timely manner will cause the penalty to increase by \$50.00. No late fee will be added to your fine during the appeal.

**Park It!**  
1440 S. Tryon St., Suite 108  
Charlotte, NC 28203

# How To Appeal A Transit Citation For Violation Of Rider's Code Of Conduct



# THE APPEAL PROCESS

The City of Charlotte has set up an administrative appeal process for individuals who believe their transit citation was issued in error. Park It! administers the appeals program.

## THE ADMINISTRATIVE APPEAL PROCESS INCLUDES 3 LEVELS OF APPEAL:

1. An Administrative Review,
2. An Administrative Hearing (Citation must be paid prior to scheduling a hearing),
3. An Appeal through the Superior Court of Mecklenburg County.

All appeals begin with Park It!

**Mail this form and a photocopy of the citation to:**

Park It! (Transit)  
1440 S. Tryon St., Suite 108  
Charlotte, NC 28203  
(704) 375-3177  
Fax (704) 375-5392

# REQUEST FOR TRANSIT CITATION DISMISSAL

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

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

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

TELEPHONE NO: \_\_\_\_\_

CITATION NO: \_\_\_\_\_

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

REASON FOR REQUESTING DISMISSAL:

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\_\_\_\_\_  
*Signature*

I have read the appeal and acknowledge the reasons for appeal.