

**CITY OF BEMIDJI
REQUEST FOR ADMINISTRATIVE REVIEW
OF PARKING VIOLATION(S)**

Vehicle License Number _____

Name of Registered Owner _____

Name of Person Requesting Review _____

Ticket No. and Date _____

Contact Phone No. _____

Has the Vehicle been towed? Yes No

Administrative Review: If you feel that the parking ticket(s) you received was not issued in accordance with state and local parking regulations, you may request an administrative review. The parking ticket must be paid when this form is submitted to avoid any late penalties.

Optional Court Appearance: IF YOU WISH TO DISPUTE THE CITATION IN COURT, YOU MAY REFRAIN FROM PAYING THE TICKET AT THIS TIME AND WAIT FOR A CITATION. THE CITATION MAY RESULT IN INCREASED COSTS IF YOU ARE NOT SUCCESSFUL IN YOUR ARGUMENT TO THE COURT.

Briefly state the reason you feel the ticket was not issued in accordance with state and local parking regulations: _____

(Use backside for additional space, if needed)

PLEASE SPECIFY EXACT ADDRESS WHERE YOU WISH RESPONSE MAILED:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Signature _____ Date _____

OFFICE USE ONLY

Reviewed by Police Dept. _____

Refund Issued: Yes No

Letter Sent by City Clerk _____