



City of Dayton, Kentucky
 514 Sixth Avenue, Dayton, Kentucky 41074
 Phone (859) 491-1600 Fax: (859) 491-3538
 Website: www.DaytonKY.com

PARKING CITATION/IMPOUNDMENT APPEAL STATEMENT

Please fill out the information below and return the form to the Dayton Police Department no later than 7 business days after the issue date that is listed on your citation. If you do not submit a formal hearing request or you fail to pay the fines on your citation within these seven (7) days, the citation will remain valid and your fine(s) will double. Once the form has been completed a copy will be given to you for your records.

APPELLANT INFORMATION

Owner Name: _____
 Address: _____
 Email: _____
 Phone#: _____
 Citation #: _____
 Violation Type Appealed: _____
 Date of Citation: _____
 Make, Model, and Year of Vehicle: _____
 License Plate No.: _____
 Type of Ownership interest.: _____

I APPEAL THE ABOVE CITATION ON THE FOLLOWING GROUNDS:

I CERTIFY THAT I AM THE OWNER OR OPERATOR OF THE ABOVE DESCRIBED VEHICLE AND THAT THE CONTENT OF THIS APPEAL IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY AND KNOWLEDGE.

DATE: _____ SIGNATURE: _____

*******OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*******

Your appeal hearing has been scheduled for _____, 20__ at _____ p.m. at the Administration Building, 200 Clay Street, Dayton, Kentucky 41074. An attorney may represent you at this hearing, and you have the right to present evidence and witnesses. If you desire to have any witnesses subpoenaed, you will have to provide their names and addresses in sufficient time to issue the subpoena. You must serve said subpoena or have someone serve it on your behalf.

I certify a copy of the above was served to the above appellant in accordance with City of Dayton Ordinance by personal delivery at the time the appeal was filed.

DATE: _____ SIGNATURE: _____