



DAYTON POLICE DEPARTMENT

OFFICE USE ONLY



Hearing Date: _____ **Time:** 6:15 PM

Location: 200 Clay Street, Dayton, KY 41074

Please read instructions and information below

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; therefore, this could result in the impoundment of your vehicle as well. Once the form has been completed a copy will be given to you for your records.

REQUEST FOR HEARING ON PARKING CITATION

Date Requesting Appeal: _____

Citation Number(s): _____

Violation(s): _____

Vehicle & Owner Information

Year of Vehicle: _____ **Make of Vehicle:** _____ **License Plate No.:** _____

Owner of Title: _____ **Phone Number:** _____

Address: _____

I hereby request an Appeal before the Dayton Hearing Board. The grounds for my appeal are as follows:

Signature: _____