

## Parking Citation Appeal Request

Please review the details of your parking citation and carefully read the parking citation appeal program rules & regulations on page 2 of this form. Please mail the completed form to:

**SP+ Citation Processing Center  
P.O. Box 81  
Annapolis, MD 21404**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Parking Ticket Number and Issue Date: \_\_\_\_\_

Vehicle License Plate Number / State: \_\_\_\_\_

Appeal Reason (Please limit to approximately 300 characters or 60 words):

Up to 3 attachments may be submitted with the appeal. Please sign the completed form and **mail within 10 days** from the parking citation issue date. Any appeals postmarked after 10 days from the parking citation issue date will not be considered. **Please call (443) 648-3087 if there are any questions.**

I agree that I have read and understand the parking citation appeal rules and regulations.

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**Signature**

**Date**