



JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835
Tel: (401) 423-1212 Fax: (401) 423-3710
www.jamestownri.gov/police



Edward A. Mello
Chief of Police

PARKING TICKET APPEAL PROCESS

1. Appeals must be made within 14 days of the date on the ticket. Late appeals will not be considered.
2. The operator or registered owner of the vehicle must make the appeal.
3. The *Parking Ticket Appeal Affidavit (on reverse)* must be completed by the operator or registered owner explaining the basis for the appeal.
4. The following documentation must be mailed along with the appeal:
 - a. *Operator's or Registered Owner's License*
 - b. *Vehicle Registration*
 - c. *Parking Ticket*

Handicap violations must also provide:

 - d. *Operator's or Passenger's Valid Handicap Placard* (blue hanging tag for mirror)
 - e. *Parking Privilege Certificate* (issued by DMV, contains matching number from placard)
5. Once the appropriate documentation has been received, the appeal will be reviewed by the issuing officer and the Chief of Police. A decision will be made within 10 days.
6. The operator/registered owner will be advised of the determination of the appeal. Appeals that are granted will require no further action by the vehicle owner. Cases in which the appeal is denied, the operator or registered owner shall have the opportunity to pay fine within ten (10) days or appeal to the Rhode Island Traffic Tribunal.



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Parking Ticket Appeal Affidavit

(Please Print)

Today's Date: ___/___/___ Ticket #: _____ Violation Date: ___/___/___

Violation Description(s): _____

Registered Owner's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (____) _____

Vehicle Registration Plate: _____ State : _____

Operator's name & address: _____

Briefly explain the basis for your appeal: _____

I attest to the facts stated above. I have also received a copy of the *Parking Ticket Appeal Process Guidelines*.

_____ I was the operator of the vehicle that was ticketed.

_____ I am the registered owner of the vehicle that was ticketed.

_____ I _____ was a passenger in the vehicle that was ticketed and possess a state-issued handicap placard (handicap parking appeals only).

Signature: _____