

PARKING VIOLATION PROTEST FORM

CITY OF COLUMBIA, MISSOURI

600 East Broadway, P.O. Box 6015, Columbia, Missouri 65205

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Office Hours: Monday - Friday, 8:00 a.m. to 5:00 p.m., except city holidays.

CITATION #

VEHICLE LICENSE PLATE #

CITIZEN'S CONTACT INFORMATION (PLEASE PRINT)

Complete Legal Name:

Street Address:

City:

State:

Zip Code:

Email Address:

(PREFERRED METHOD)

Telephone #:

Best Time To Call:

PLEASE PRINT LEGIBLY. FAILURE TO PROVIDE SUCH INFORMATION WILL DELAY OR PREVENT THE COMPLETION OF THE CITATION APPEAL PROCESS.

I, knowing that false statements on this form are punishable by law, state the following:

When the citation was issued:

I was the registered owner of the vehicle.

I was not the registered owner, but I was driving the vehicle.

Reason for protest:

I understand that if this protest is denied, I am required to appear on the court date and time shown on my ticket unless paid prior to that date. I understand that if I do not pay this ticket through the violations bureau, the Court may assess additional fines and court costs of \$21.50. I further understand that if the Judge finds me guilty that the Judge may fine me as follows: Violations of 14-443 (disabled parking) a fine of not less than fifty dollars nor more than two hundred dollars; Violations of sections 14-411 through 14-424, the fine shall not be less than fifteen dollars if paid within fifteen days of the violation and not less than thirty dollars if paid more than fifteen days after the violation. All other parking violations are punishable as provided in section 1-8 of the City of Columbia Code.

Understanding all of this, I still wish to protest my ticket.

Attach the following (if applicable):

Signature

Copy of ticket

Copy of disabled tag/permit

Copy of parking permit

Other: _____

Date