STATE OF NEW HAMPSHIRE
DEPARTMENT of RESOURCES and ECONOMIC DEVELOPMENT
DIVISION of PARKS and RECREATION
Parking Citation Review Request

PLEASE PRINT CLEARLY – unreadable information may delay the processing of your review request.

NOTE: Form must be received within 60 days of issue date for consideration

<table>
<thead>
<tr>
<th>Name</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Apt. #</td>
</tr>
<tr>
<td>City</td>
<td>State or Province</td>
</tr>
<tr>
<td>Phone #</td>
<td>Email Address</td>
</tr>
<tr>
<td>Citation #</td>
<td>Issue Date</td>
</tr>
</tbody>
</table>

If you have received a parking ticket that you believe was issued incorrectly or believe you have some reason why the ticket should be voided, provide your explanation in the space below. The citation will receive an administrative review. If the citation is deemed valid, you will be notified by mail or email that you must pay the amount due. If the citation is deemed invalid, you will be notified by mail or email and the fine will be voided from your record.

NOTE:
• Late fees and any additional penalties shall continue to accrue against the citation. The citation shall be placed on hold at the current balance on the date the Division receives a Review Request and no additional late fees will accrue until a determination is made. If your request is denied, late fees will begin being accrued as outlined in the denial letter.
• If you are requesting review due to handicapped status, a copy of a valid handicapped placard or registration MUST be submitted with this form.

Explanation of Claim:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I do hereby certify that all information I have provided on this form is true, accurate and complete. Inaccurate responses are a misdemeanor offense pursuant to RSA641:3.

Signature: ___________________________ Date: ___________________________

Requests can be submitted via mail, fax or email to:
NH State Parks
Parking Citation Review
172 Pembroke Road
Concord, NH 03301
Fax: (603) 271-3553

FOR OFFICIAL USE ONLY

Reviewed by: ________________________ Approved [ ] Denied [ ] Date Visitor Notified ____________ / __________ / ________