

PARKING PERMIT APPEALS FORM

DATE _____
PERMIT ZONE _____

APPEALS INSTRUCTIONS

Only residents and businesses located within a Parking Permit Zone are eligible to file an appeal. This form must be completed by the resident or business owner requesting the appeal. The completed form may be submitted by email or US postal mail.

Email: parkingservices@columbus.gov

Mail: Parking Services
2700 Impound Lot Road
Columbus, OH 43207

Parking Permit appeals may be filed for the following reasons:

- ❖ Requesting additional permits that exceed the maximum allowed by permit zone;
- ❖ Address within a parking permit area is currently ineligible; or
- ❖ Previously issued permit was revoked.

Please note: The Director of Public Service will review each appeal and provide a decision within 30 days of receiving the appeal and supporting documents. The Director's decision on an appeal is final.

APPLICANT INFORMATION

THE APPLICANT IS A ☐ RESIDENT ☐ BUSINESS OWNER ☐ OTHER (check one)

RESIDENT / BUSINESS OWNER NAME _____

NAME OF BUSINESS (leave blank if resident) _____

RESIDENT / BUSINESS STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

APPEALS INFORMATION

DO YOU HAVE ACCESS TO OFF-STREET PARKING ☐ YES ☐ NO IF YES, HOW MANY SPACES _____

REASON PERMIT WAS DENIED (If applicable)

REASON FOR APPEAL (Please provide as much detail as possible)

By my signature below, I certify that all statements herein and attached are true to the best of my knowledge and belief.

Applicant Signature

Date