



APPEAL FOR HEARING BEFORE THE
SPECIAL MAGISTRATE

This form is to be filled out **completely** and accompanied by the required \$25 fee. Please send the form and check made payable to the "City of Boca Raton" to City of Boca Raton, Parking Services Division, 201 W. Palmetto Park Rd, Boca Raton, FL 33432 within 15 days from the date of citation.

Name: _____ Email: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Your Vehicle Tag #: _____ Tag State: _____

City Citation # _____

\$25 check enclosed
Yes

PLEASE STATE FACTUAL BASIS FOR APPEALING CITATION: (PRINT CLEARLY)
If more room is needed, please attach a separate paper.

I certify that the statements made above are true and correct to the best of my knowledge and belief. I understand that the decision of the Special Magistrate is **final** without further right of review. Once I receive my appeal results, whether denied or reduced, I agree to pay the amount due within fifteen (15) days after receiving the appeal results. If payment is not received within the allotted time, a penalty of \$25 may be assessed. If ruling is in favor of the City, the \$25 Appeal Fee is not refunded.

Date

Signature



Received by: _____

Parking Services Division

For additional information, please call 561-367-7048