

# PARKING PERMIT APPEALS FORM

DATE \_\_\_\_\_  
PERMIT AREA \_\_\_\_\_

## APPEALS INSTRUCTIONS

Only residents and businesses within a Parking Permit Area 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](mailto:parkingservices@columbus.gov)

Mail: Parking Services  
111 N. Front St, 5<sup>th</sup> Floor  
Columbus, OH 43215

Parking Permit appeals may be filed for the following reasons:

- ❖ Requesting additional permits that exceed the maximum allowed by permit area;
- ❖ 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- ❖ Previously issued permit was revoked.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 90 days of receiving the appeal and supporting documents. The Director's decision on an appeal is final.

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## 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 \_\_\_\_\_

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## 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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