



Parking Ticket Hearing Request

Date: ____/____/____

Name: _____ Ticket Number: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

License Plate Number/State: _____ Email: _____

Instructions:

All requests must be made in writing and received by the City within thirty (30) calendar days from the date the ticket was written, pursuant to RCW 46.63.060(2)(h). You may submit your hearing request form either in person at the City of Camas Finance Department or mail the request form to the City of Camas, Attention Finance 616 NE 4th Ave. Camas, WA 98607.

Please note that submitting this request will require you to attend a hearing before the Camas Municipal Court. Failure to appear may result in additional fines.

Please Check one of the boxes below:

Payment Plan. I admit responsibility for the infraction and attest that I do not have the current ability to pay the infraction in full. I request the court provide me information about how to obtain a payment plan and how to submit evidence of my current inability to pay in full. I understand that failure to pay or enter a payment plan may result in collection action, including garnishing of wages or other assets.

Your Signature

Mitigation Hearing. I agree I have committed the infraction(s), but I want a hearing to explain the circumstances. Please send me a court date and I promise to appear on that date. I know I cannot require (subpoena) witnesses to appear at the hearing; and I understand that at the hearing, I will be deemed to have committed the infraction(s).

I promise to appear _____
Your Signature

Contested Hearing. I want to contest (challenge) this infraction. I did not commit the infraction. Please send me a court date and I promise to appear on that date. The City must prove by a preponderance of the evidence that I committed the infraction. I know I can require (subpoena) witnesses, including the officer who wrote the ticket, to attend the hearing. The court will tell me how to request a witness appearance.

I promise to appear _____
Your Signature