



Hearing Appeal Level 1 Request Instructions

You may choose to file an Appeal if there have been no payments made and your ticket is within 30 days. You may file an appeal up to 90 days from the date of the original notice of infraction, however late penalties may apply. All Level 1 appeals are administratively reviewed by an Appeal Committee and do NOT require an appearance.

1. Fill out attached form **completely**.
2. **Since this is a Non-Appearence request, you should include any and all evidence for your defense at the time of submitting this request.** (ie. permits, registration, photos, receipts, medical documentation, tax returns, bank statements, etc.)
3. Once the forms are processed, your citation will be placed on hold to avoid additional penalties until it is reviewed by the Administrative Appeal Committee at the next available Review Date. Receipt of any payment after your request for appeal will be considered forfeiting your appeal and your hearing will be cancelled.
4. Once your appeal has been reviewed, you will receive the decision via e-mail followed up with a letter to the mailing address provided on this request form. It is your responsibility to check your email account that you provided.
5. *If any balance is found to be liable, you will have **30 days from the date of the decision** to:*
 - a.) *submit payment in full by mail, phone, or via internet at www.lasvegasnevada.gov/payticket*
 - b.) *sign up for an Installment Payment Plan*
 - c.) *Request a Level 2 Appeal*

*Failure to pay in full, schedule an Installment Payment Plan or request a Level 2 appeal within a **30 day** period may result in an increase to your citation due to penalties accruing; if any reductions were made as part of the Appeal decision, it will be reversed and further Collection Activity will continue, up to and including DMV Registration Holds and Collection Agency fees incurred.*

If you do not receive any response within 3 weeks, please contact the Parking Services Office.

CITY OF LAS VEGAS - MUNICIPAL PARKING PROGRAM

A p p e a l L e v e l 1 R e q u e s t

I, _____, hereby request an Administrative Review
(Appellant – Print Complete Name) in the nature of arbitration or alternative dispute resolution.

My Address is _____

I request this hearing involving Notice of Infraction Number(s) (Citation Numbers):

Vehicle License Plate # or VIN: _____

I wish to appeal this parking citation. I understand that this appeal will be decided administratively. There is no Judge or Hearing Officer in this Level 1 Appeal.

I understand this is a NON-APPEARANCE request and I am not scheduled to appear. I understand that the appeal will include a review of documents, photos, and written statements that I have submitted with this request.

I understand the appeal decision may include a complete dismissal, a fine reduction or denial of appeal. I will be given 30 days to comply with the decision. After 30 days, any reductions will be reversed and additional penalties will be assessed as outlined in LVMC 11.10.090.

I understand the decision can be appealed within 30 days as a Level 2 Appeal. A level 2 Appeal will require a scheduled in-person hearing and is a final binding hearing before the Hearing Officer pursuant to LVMC 11.10.100

I understand and agree that if necessary due to my lack of timely payment, the City of Las Vegas can and will use the binding decision to have a formal civil judgment entered against me in the Las Vegas Municipal Court.

I understand that if a civil judgment is obtained, the City may seek and obtain a writ of execution against me. I understand that if a writ of execution is obtained, my wages and/or bank accounts may be garnished, liens may be put on my property and my vehicle(s) may be towed or immobilized. I also understand that my vehicle(s) may be immobilized without a writ of execution if:

1. I accumulate more than \$200.00 in unpaid civil fines, judgments and penalties for parking violations, and
2. At least Two Notices of Infraction have been issued and served with respect to vehicles I own and have not been responded to within the time set forth in LVMC 11.10.090.

Knowing all of the above, I still wish to request a Level 1 Administrative Review on the above-described Notice(s) of Infraction(s).

I have read and agree to the terms of service above.

I wish to receive notification of the results of this appeal via electronic mail. I understand that I am responsible for ensuring that my electronic mail service correctly receives the appeal decision (ie. ensure that communications are not blocked, sent to junk or deleted as spam).

Email Address: _____

Phone Number _____ (Please print clearly)

Appellant (Please Sign)

Date

**CITY OF LAS VEGAS
MUNICIPAL PARKING PROGRAM**

Name: _____

Defense for Original Fine: Please explain in **full detail** the reason you want to contest this ticket. (*Check One*)

- | | |
|---|--|
| <input type="checkbox"/> Vehicle Breakdown | <input type="checkbox"/> Sold Vehicle |
| <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Inadequate Signs or Curb Paint |
| <input type="checkbox"/> Did Not Receive Ticket on Vehicle | <input type="checkbox"/> Financial hardship (<i>proof required</i>) |
| <input type="checkbox"/> Other (<i>explain in detail</i>) | |

Defense for any accrued Penalties: Please explain in **full detail** the reason why any late fees accrued and the citation was not paid or contested within 30 days of issuance.

***PROVIDE ALL EVIDENCE WHEN SUBMITTING THE HEARING REQUEST FORM**

Return this form to:

**City of Las Vegas
Parking Services Office**
500 S. Main Street, Las Vegas, NV 89101
(702) 229-4700 (Main) (702) 382-2309 (Fax)