



**City of Annapolis**  
**Police Department**  
 199 Taylor Avenue  
 Annapolis, MD 21401-3421



[Police@annapolis.gov](mailto:Police@annapolis.gov) • 410-268-9000 ext 7270 • Fax 410-263-7022 • [www.annapolis.gov](http://www.annapolis.gov)  
 Deaf, hard of hearing or speech disability - use MD Relay or 711

### Citation Adjustment - Trial Date Request Form

Request for Citation Adjustment and/or Trial date **MUST** be made in writing at least five (5) days before the due date on the citation.

**Citation information**

Request date \_\_\_\_\_ Officer's name \_\_\_\_\_  
 Ticket # \_\_\_\_\_ Date issued \_\_\_\_\_ Date due \_\_\_\_\_

**Requester's personal and vehicle information**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

State	Tag	Year	Make & Model	Color	Handicapped tag?	
					Yes	No

**Request for Adjustment**

The State's Attorney has given the Annapolis Police Department the authority to adjust citations for the following reasons *only*: 1) Citation issued in error; 2) Ambiguous signage; 3) Valid reasons stated in writing. For your convenience the most common problems are listed below:

- Inoperable meter; location \_\_\_\_\_
- Handicapped permit # \_\_\_\_\_ State \_\_\_\_\_
- Residential permit # \_\_\_\_\_
- Hospital emergency; documentation \_\_\_\_\_
- Loading/Unloading zone; documentation \_\_\_\_\_
- Contractor (prepaid) rental; temporary permit # \_\_\_\_\_
- Inaccurate information on citation; specify, provide documentation \_\_\_\_\_
- Other valid reason, please specify \_\_\_\_\_
- I wish to discuss this citation with a police representative in person
- I wish to be contacted by phone at
- I wish to receive a written explanation of the decision. Note that a copy will be forwarded to the registered owner if not the same.
- Address \_\_\_\_\_

**If you request a trial date, you must also request that the officer who issued the citation be present at this time, or he/she will not appear. You will then be notified by the District Court when your case is scheduled for trial.**

Trial date requested \_\_\_\_\_ Officer requested \_\_\_\_\_ Request forwarded to District Court \_\_\_\_\_

**Disposition** determined by Parking Enforcement Supervisor

Adjusted \_\_\_\_\_ Denied \_\_\_\_\_ PEO Signature \_\_\_\_\_