FOR OFFICE USE ONLY:			
COMPLAINT NUMBER:	PROCESSED BY:	DATE:	



## PARKING COMPLAINT DISPUTE FORM

If you would like to dispute a Parking Complaint you have received, you may complete this Dispute Form and submit via mail or in person to the Port of Hood River at the Port Marina Building Office located at: 1000 E. Port Marina Drive, Hood River, OR 97031.

The Port Executive Director or their designee will consider a properly completed and filed Dispute Form if received within 30 days after the issuance of a Courtesy Notice.

The Executive Director or their designee may take any action they deem appropriate in response to the information in a Dispute Form filed with the Port, including obtaining more information, reducing or forgiving a parking charge, or undertaking or continuing collection activities.

CONTACT INFORMATIO	ON:				
Company Name: (Leave b	plank if an individual)				
Primary Contact:					
First Name		Middle Initial	Last Name		
Primary Phone ( )	- Sec	ondary Phone(  )	- Email*	@	
Mailing Address:					
				Zip	
Billing Address if Differe	ent:				
				Zip	
COMPLAINT NUMBER:					
ISSUE DATE:		ISSUE TIME:	:		
Please circle the reaso	n for the complaint	shown on your ticket:			
Overtime Parking	Non-payment	Parking in Unaut	horized Space	Overnight Parking	
Truck Overnight Non-pa	ayment	Truck Overtime Parking	Truck Da	ytime Non-payment	
VEHICLE INFORMATIO	N:				
License Plate Number_			State		
Make	Model		Color	Year	

Year \_\_\_\_\_

REASON FOR DISPUTE: (Please clearly state all reasons and basis for dispute)
SIGNATURE VERIFICATION I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this dispute, or made in the course of any related process, whether made by me or by others at my request, will result in rejection of my dispute.
I certify that all statements contained herein are true and complete whether made by me or others at my request.
Signed on Date:
Signature