

## Appeal – Level 2 Hearing Request Instructions

Only the Registered Owner or their designee may choose to appear in front of the Hearing Officer in this Level 2 Appeal. An appeal may be filed if no payments have been made and your ticket has been through the Level 1 Appeal and the decision was rendered within the last 30 days.

1. Fill out the attached form **completely and include a photocopy of your ID.**
2. If you are **not** the Registered Owner of the vehicle you will be required to have the Registered Owner sign the Declaration for Registered Owner Requesting Authorized Representative form to allow the Authorized Representative to file the appeal on their behalf. Failure to supply this form will cancel the hearing request.
3. **You will only be required to include evidence that was not previously included in your Level 1 Appeal.** (ie. permits, registration, photos, receipts, medical documentation, tax returns, bank statements, etc.)
4. **You are required to appear in front of the Hearing Officer. Please bring the completed form to the office in person to schedule a date and time for your hearing.**  
**Parking Services 350 S. City Pkwy, Las Vegas, NV 89106.**
5. Once the form is processed, your citation will be placed on hold to avoid additional penalties until your Hearing Date. Receipt of any payment after your request for appeal will be considered forfeiting your appeal and your hearing will be cancelled.
6. You will receive the appeal decision at your hearing. *If any balance is found to be liable, you will have **30 days from the date of the Hearing Officer's decision** to secure payment in full or sign up for an Installment Payment Plan. Failure to pay in full or schedule an Installment Payment Plan within that 30 day period may result in an increase to your citation due to penalties accruing, the Hearing Officer's decision being reversed and further Collection Activity will continue, up to and including DMV Registration Holds and Collection Agency fees incurred.*
7. Any payment amounts you are found liable for can be made by phone, mail or via internet at: <https://lasvegas.aimsparking.com>

### Hearing Confirmation of Scheduled Date & Time to Appear

Name: \_\_\_\_\_ Clerk: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Customer Acknowledgement: \_\_\_\_\_

Infraction(s) \_\_\_\_\_  
\_\_\_\_\_

License Plate(s): \_\_\_\_\_



**CITY OF LAS VEGAS - MUNICIPAL PARKING PROGRAM**

**A p p e a l L e v e l 2 R e q u e s t F o r m**

I, \_\_\_\_\_, hereby request a binding hearing in the nature of arbitration or alternative dispute resolution before a hearing officer.

My Address is \_\_\_\_\_

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

\_\_\_\_\_

Vehicle License Plate # or VIN: \_\_\_\_\_

Registered Owner  Yes or  No, included a Declaration for Authorized Representation (Renter on behalf of Rental Agency – Exempt)

I understand that the Hearing Officer is an attorney and not an elected or appointed judge.

I understand that the decision of the Hearing Officer is final and binding in accordance to LVMC 11.10.100. I understand that I am expected to appear in person or by representative, but that the hearing may be held and the appeal decided on without such appearance. If I fail to appear for the scheduled hearing without first obtaining a continuance of such hearing, the Hearing Officer may (but is not required to) enter a decision against me for the full amount and penalties scheduled to be reviewed.

I understand that the Hearing Officer may condition any decision for payment to be made within 30 days, with failure of timely payment to result in an automatic assessment of the original fine, penalties and further collection activity as described in LVMC 11.10.100 (F)

I understand that, if necessary, due to my lack of timely payment, the city of Las Vegas can and may use this binding decision to have a formal civil judgment entered against me in the Las Vegas Municipal Court. 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 account may be garnished and liens may be put on my property.

I understand that my vehicle may be towed or immobilized without a writ of execution if I accumulate more than \$200 in unpaid civil fines and penalties for parking violations and at least (2) Infractions have been issued with respect to the vehicle and have not been responded to in accordance with LVMC 11.10.090.

Knowing all of the above, I still wish to request a binding hearing before the Hearing Officer on the above-described Notice of Infraction(s). I hereby acknowledge the above and further acknowledge that at my request and with prior approval from the Parking Services Office, the Hearings Officer will review my written explanation and come to a decision.

By signing below, I acknowledge that I read and understand the rules governing a Level 2 Appeal on the above described Notice(s) of Infraction(s).

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number (optional)

\_\_\_\_\_  
Registered Owner / Authorized Representative  
(Please Sign)

\_\_\_\_\_  
Date

**This page is Not Required unless there is additional evidence that was NOT previously submitted in the Level 1 Appeal.**

Name: \_\_\_\_\_

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

- \_\_\_\_\_ Vehicle Breakdown                      \_\_\_\_\_ Sold Vehicle  
\_\_\_\_\_ Medical Emergency                      \_\_\_\_\_ Inadequate Signs or Curb Paint  
\_\_\_\_\_ Did Not Receive Ticket on Vehicle    \_\_\_\_\_ Financial hardship *(proof required)*  
\_\_\_\_\_ Other *(explain in detail)*

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

**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**  
350 S. City Pkwy, Las Vegas, NV 89106  
(702) 229-4700 (Main)    (702) 382-2309 (Fax)



## Declaration for Registered Owners Requesting Authorized Representation

I, \_\_\_\_\_ do hereby authorize  
**Vehicle Registered Owner**  
\_\_\_\_\_ to appear on my behalf.  
**Authorized Representative**

Infraction Number (s) \_\_\_\_\_

Plate Number(s) \_\_\_\_\_

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\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number (optional)

\_\_\_\_\_  
\*Registered Owner

\_\_\_\_\_  
Date

**\*Registered Owners & Authorized Representatives are required to provide a copy of their picture I.D. along with this signed form.**

**\*Business owned vehicles are required to supply an authorization on letterhead with a business card from the Owner/Manager of said vehicle.**