



Parking Ticket Dispute Application

PARKING TICKET INFORMATION	
Parking Ticket Location:	
Parking Ticket Number:	
Parking Ticket Date:	
Parking Ticket Time:	

VEHICLE INFORMATION	
Vehicle Owner Name:	
Vehicle Owner Address:	
Vehicle Year/Make/Model:	
Vehicle License Plate:	

REASON FOR DISPUTE

SIGNATURE	DATE

Submit application and supporting documents to:

Mail: Port of Astoria
10 Pier One, Suite 308
Astoria, OR 97103

Email: admin@portofastoria.com

Fax: (503) 741-3345
(Sending personal information via fax is not a secure means of transmission.)

This dispute will be reviewed and the Port of Astoria's decision will be mailed within 2-3 weeks. If you do not agree with the findings you may request a hearing by contacting our office.