Town of Wallingford, Connecticut

OFFICIAL USE ONLY
DATE
Received .....

Do not write in above space.

PARKING CITATION APPEALS FORM

This form has been established to allow owner / operators of vehicles that have been tagged with a Town of Wallingford Parking Ticket to contest such ticket. All appeals are heard by a hearing officer INDEPENDENT of the Police Department.

DIRECTIONS:

1) Fill out form (in ink or type) completely and legibly.
2) Date and sign form where indicated.
3) KEEP THE PARKING TICKET – DO NOT MAIL – DO NOT DESTROY
4) Mail the top two forms to the following address:
   Ticket Appeals Officer
   100 Barnes Road
   Wallingford, CT 06492
5) You will be notified via U.S. mail regarding your hearing date, time, and location. Bring the Parking ticket and the 3rd copy of this form with you at that time.

TICKET NO. _____ DATE OF VIOLATION _____

YOUR VEHICLE REGISTRATION NO. _____

LOCATION OF OFFENSE _____

VIOLATION NO. _____ AMOUNT OF FINE _____

PLEASE EXPLAIN BRIEFLY YOUR REASON (S) FOR APPEAL. _____

_____

_____

_____

_____

_____ _____ _____

LAST NAME FIRST NAME MIDDLE

_____

STREET ADDRES

_____ _____ _____

TOWN STATE ZIP CODE

_____ _____ _____

SIGNATURE DATE SIGNED DAYTIME PHONE #

WARNING

Payment must be made or appeal of the violation filed with fifteen (15) days from the date and time of violation. Failure to pay or appeal within 15 days of violation will result in a penalty equal to twice the amount of the initial penalty.

WHITE – APPEALS OFFICE COPY PINK – RETAIN FOR YOUR RECORDS YELLOW – POLICE DEPARTMENT COPY

Rev. 4/21/22