



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
135 North Main Street
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 ADDRESS _____		
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.