PARKING TICKET APPEAL FORM

DATE OF APPEAL: _____

ARE YOU THE REGISTERED OWNER OF THE VEHICLE? YES_____NO_____

TICKET#_____ PLATE#_____

NAME: _____

ADDRESS: _____

CITY: _____**STATE:**_____ **ZIP**_____

CONNECTICUT STATE STATUTES AND THE NORWALK CODE PROVIDE THAT:

1. Payment for the parking violation(s) is the responsibility of the registered owner of the vehicle.
2. The original parking violation fines will become delinquent after fifteen (15) calendar days and original amount of the fine will escalate if not paid within a fifteen day period. If any fine is not paid within thirty (30) calendar days of the original violation, the fine will escalate again.
3. Appeals of parking violations must be made within ten (10) days of original violations.

State the reason for your appeal. Attach additional pages if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Your appeal will be reviewed and you will be notified of the action taken.

Send this form along with original ticket(s), any notice (s) you may have received, and any documents supporting your claim either by mail or in person to the address listed below. You must return this form within ten (10) days of the original violation (s) date.

FOR OFFICE USE ONLY:

DECISION: DISMISSED _____ DENIED _____

REASON:

_____

_____

_____