

CITY OF BRIDGEPORT
DEPARTMENT OF POLICE

300 CONGRESS STREET
BRIDGEPORT, CONNECTICUT 06604

JOSEPH L. GAUDETT, JR.
Chief of Police



PARKING TICKET APPEAL STATEMENT

ONE APPEAL FORM IS REQUIRED FOR EACH TICKET APPEALED

This form was established to permit complainants to register formal statements of objection. The filing of this form shall suspend the accumulation of additional penalties until a final determination is made. No appeal will be accepted after 14 days of the issuance of the ticket.

THIS FORM WILL NOT BE PROCESSED WITHOUT THE OWNER'S OR OPERATOR'S SIGNATURE AND WILL BE RETURNED IF INCOMPLETE.

VEHICLE AND OWNER/OPERATOR INFORMATION (PLEASE PRINT)

Name _____ Ticket # _____ Date Issued _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
License Plate # _____ State _____ Year _____ Make _____

I request that the parking ticket referenced above be excused for the following reason(s):

Notice of decision will be sent to listed owner/operator

Knowing that this statement may be used against me in court proceedings and having due notice that my statements may be subject to civil penalties, I do declare that the above statements are true.

Owner/operator signature

Date of appeal

DO NOT WRITE BELOW THIS LINE

Meter Inspection Report

Meter Location _____ Meter # _____ Type _____ Time Limit _____
Function _____ Timing _____ Appearance _____
Remarks _____
Inspection Date _____ Inspection Time _____ Signature _____

Decision of Appeal Officer _____

Signature of Appeal Officer _____ Date _____