# CITY OF BRIDGEPORT
# PARKING TICKET APPEAL FORM

TICKET #:_____ STATE:_____ PLATE #:_____ ISSUE DATE: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: _____

VEHICLE OWNER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

***STATE THE REASON FOR YOUR APPEAL.***
***TICKETS CANNOT BE APPEALED ON THE GROUNDS OF INABILITY TO PAY OR FAIRNESS OF THE REGULATION.***

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****** NOTICE OF THE 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**

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**METER INSPECTION REPORT**

METER LOCATION: _____ METER #:_____ TYPE: _____ TIME LIMIT: _____

FUNCTION: _____ TIMING:_____ APPEARANCE: _____

REMARKS: _____

INSPECTION DATE:_____ INSPECTION TIME:_____ SIGNATURE:_____

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DECISION OF APPEAL OFFICER:_____

SIGNATURE OF APPEAL OFFICER:_____ DATE:_____