

**TOWN OF STRATFORD**

**PARKING TICKET APPEAL FORM**

Instructions: To contest a parking ticket issued by the Stratford Police or Stratford Railroad Parking agent complete the form and return it **along with a copy of the ticket to be contested**. The form must be completed and submitted **within 10 days** of the ticket being issued. Your complaint will be reviewed and you will receive notification of the disposition via a phone call. **No appeal will be accepted after the 10 day period**. This form will **not** be processed without being completely filled out and signed by the complainant. All supporting documentation must be provided by the Complainant.

If your appeal is denied you will have 10 days to pay the fine from the date of notification.

**Complainant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Ticket Information**

Ticket Number \_\_\_\_\_ Date/Time Issued \_\_\_\_\_

Location of Violation \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Charge \_\_\_\_\_

Appeal Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Owner/Operator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail or bring to:  
Stratford Police Department  
Traffic Division  
900 Longbrook Avenue,  
Stratford CT 06614.**

**Decision**

Date Received \_\_\_\_\_

VOID

DENIED

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_