



FAIRFIELD POLICE DEPARTMENT

100 Reef Road, Fairfield, CT 06824
203-254-4800

PETITION FOR PARKING VIOLATION HEARING

INSTRUCTIONS

1. Complete sections A, B & C
2. Provide a detailed explanation of your reason for the request for hearing.
3. Sign the form.
4. Turn in or mail this form to the Fairfield Police Department: Parking Violation Hearing

Section A: COMPLAINANT INFORMATION

NAME		PHONE #
ADDRESS # STREET	CITY / TOWN	ZIP
E-MAIL ADDRESS		

Section B: PARKING TAG INFORMATION

REGISTRATION	DATE	TICKET NO.	
Fine	MAKE OF VEHICLE	YEAR	COLOR
LOCATION			

Section C: REASON FOR HEARING REQUEST

If additional space is needed use the back of this form.

I hereby declare under penalties of law that the foregoing statements are true.

SIGNATURE DATE

Section D: DECISION OF HEARING OFFICER (this section to be completed by hearing officer)

HEARING OFFICER SIGNATURE DATE