



City of New Haven

DEPARTMENT OF TRANSPORTATION, TRAFFIC AND PARKING



THIS FORM WILL NOT BE PROCESSED IF ILLEGIBLE OR INCOMPLETE

DATE: ___/___/___ TOW REVIEW TICKET REVIEW BOOT REVIEW

LICENSE PLATE NUM: _____ STATE: _____

DATE TICKET ISSUED: ___/___/___ ISSUE NUM: _____

VIOLATION CODE: _____ OFFICER NUM: _____

MAKE: _____ YEAR: _____ MODEL: _____

WAS THIS VEHICLE TOWED: YES NO TOW COMPANY: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

IS THIS THE VEHICLE OWNER? YES NO

DESCRIPTION OF CONTESTMENT: _____

I HEREBY CERTIFY UNDER THE PENALTY OF FALSE STATEMENT THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: ___/___/___

THE FILING OF THIS FORM WITH THE CITY WITHIN 15 DAYS OF THE ISSUANCE OF THE TICKET WILL DEFER THE ACCUMULATION OF PENALTIES ON THIS TICKET UNTIL THE OWNER IS NOTIFIED IN WRITING OF THE APPEAL RESULT.

MAIL THIS FORM WITH
PARKING TICKET TO:

CITY OF NEW HAVEN PARKING VIOLATION CENTER
PO BOX 1941, NEW HAVEN, CT 06507