TOWN OF RIDGEFIELD

Parking Authority

_____

OBJECTION TO ISSUANCE OF PARKING VIOLATION

This is to notify you that if you wish to appeal your parking violation, **YOU MUST APPEAR IN PERSON** at the Town Hall, Lower Level Small Conference room on _____ at 7:30 p.m. Please fill out this form and mail it to: Parking Hearing Office, 400 Main Street, Ridgefield, CT 06877.

Please attach your ticket.

I object to the issuance of Parking Ticket #_____ issued on_____.

For the following reason(s):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Name (please print) _____ Date of Objection _____

_____

Address Town/City State Zip

_____ _____

Phone Number Signature

Appeal Officer_____ Date_____ Decision Code_____