



OFFICE OF THE
TOWN ADMINISTRATOR

TOWN OF VERNON

14 PARK PLACE., VERNON, CONN. 06066
Tel: (860) 870-3665
Fax: (860) 870-3580

TOWN OF VERNON, CONNECTICUT

PARKING TICKET PROTEST FORM

Please complete this form if you wish to protest the issuance of a parking ticket and send it, together with the original parking ticket, to The Office of the Town Administrator, 14 Park Place, Vernon, CT 06066. In order for the protest to be considered, this form must be filed within five (5) calendar days of issuance of the ticket. All individuals protesting a parking ticket will be notified in writing of the findings within ten (10) calendar days.

Name: _____ Date of Protest: _____

Street Address: _____

Town/State/Zip Code: _____

Parking Ticket Number: _____ Date Issued: _____

Location of Violation: _____

Violation Number: _____ Issuing Officer: _____

Reason for Protest:

On the reverse side of this form, please draw a diagram of where your vehicle was parked, and include any additional explanation.

Hearing Officer's Decision:

Parking ticket sustained: _____ Parking ticket voided: _____