FAIRFIELD POLICE DEPARTMENT
100 Reef Road, Fairfield, CT 06824
203-254-4800

PARKING TAG APPEAL

INSTRUCTIONS

1. Complete sections A, B & C
2. Provide a detailed explanation of your complaint. If necessary draw a diagram in the space provided.
3. Sign the complaint form.
4. Turn in this form to the Fairfield Police Department within ten (10) days of the date the ticket was issued.
5. DO NOT TURN IN THE TICKET WITH THIS COMPLAINT FORM.
6. The complaint will be reviewed and you will receive a written decision.

Section A: COMPLAINANT INFORMATION

NAME	PHONE #	DATE SUBMITTED:

ADDRESS # STREET	CITY / TOWN	ZIP

Section B: PARKING TAG INFORMATION

REGISTRATION	TICKET NO.

VIOLATION NO.	

DATE	TIME

LOCATION

NEAR	SHIELD NO.

MAKE OF VEHICLE	TYPE	COLOR	STATE

Section C: EXPLANATION

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

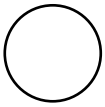
DO NOT TURN IN PARKING TICKET WITH THIS FORM !!

_____

COMPLAINANT'S SIGNATURE

ADDITIONAL EXPLANATION

DIAGRAM (optional)



Draw an arrow
indicating NORTH