



**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

**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)**

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HEARING OFFICER SIGNATURE DATE