

**MILFORD POLICE DEPARTMENT**

430 BOSTON POST ROAD  
MILFORD, CT 06460

**PARKING TAG APPEAL**

**INSTRUCTIONS:**

1. Complete sections A, B & C. **\*\*In addition, fill out Section D in cases where a handicap permit is involved, explain the circumstances and attach a copy of the permit involved.**
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 Milford Police Department within nine (9) 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.

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**SECTION A: COMPLAINANT INFORMATION**

NAME		PHONE #	DATE SUBMITTED ____/____/____
ADDRESS #	STREET	CITY/TOWN	ZIP

**SECTION B: PARKING TAG INFORMATION**

REGISTRATION		TICKET NO.	
VIOLATION #			
DATE ____/____/____	TIME		
LOCATION			
NEAR		SHIELD NO.	
MAKE OF VEHICLE	REG. 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!!**

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COMPLAINANT'S SIGNATURE

**SECTION D: HANDICAP INFORMATION**

PERMIT ISSUED TO: _____	DOB: _____	Phone # _____
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