MILFORD POLICE DEPARTMENT

430 BOSTON POST ROAD
MILFORD, CT 06460

PARKING TICKET 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. Return this form via mail, email (Traffic@Milfordct.gov) or bring it in to the Milford Police Department within thirty (30) 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

FULL NAME	DAY TIME PHONE #	EMAIL

ADDRESS #	STREET	CITY/TOWN	STATE	ZIP

SECTION B: PARKING TICKET INFORMATION

REGISTRATION/LICENCE PLATE			TICKET NO./ CITATION#
VIOLATION #			
DATE ____ / ____ / ____		TIME	
LOCATION			
NEAR			SHIELD NO./ OFFICER
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!!

DATE SUBMITTED: ____ / ____ / ____

_____

YOUR SIGNATURE

SECTION D: HANDICAP INFORMATION

PERMIT ISSUED TO: _____ DOB: _____ Phone # _____

ADDITIONAL EXPLANATION

DIAGRAM – (OPTIONAL)

Draw an arrow
Indicating NORTH