HAMPTON POLICE DEPARTMENT

100 Brown Avenue
Hampton, New Hampshire 03842
603-929-4444(B) 603-926-0570(F)

PARKING TICKET APPEAL

Print or Type Clearly

Date:_____

Please list your name, address and ticket information. This information is necessary to evaluate and respond to your case. Please print or type clearly. This appeal must be submitted to the Police department. Your appeal will be addressed as quickly as possible.

Name: _____ Phone: _____
Street: _____
City, State Zip: _____

Ticket #:_____Date Issued:_____Type of Violation: _____

Location: _____

License Plate #:_____State:_____

Make:_____Model:_____ Year:_____

STATE BELOW WHY YOU ARE APPEALING THE PARKING TICKET

Attach additional sheets if necessary

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FOR USE BY HEARINGS OFFICER ONLY

APPEAL APPROVED: _____

APPEAL DENIED: _____