



Department of Police Service
West Haven, Connecticut

Disputed Municipal Parking Ticket Complaint Form

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Date ticket issued: _____ Time: _____ Location: _____

Ticket number: _____ Violation number: _____ Officer badge number: _____

Vehicle plate number: _____ State: _____

Vehicle make and model: _____

Briefly explain why you feel the ticket you received was unjustified. Where a handicapped permit is concerned please provide your permit number. (A handicap permit does not allow parking in no parking zones).

Signature _____

Please mail form to WHPD Traffic Division, 200 Sawmill Rd. West Haven, CT 06516 or return in person to WHPD Records Room, 200 Sawmill Road, West Haven, CT 06516. You will be notified in **writing** of the outcome of your complaint. **DO NOT RETURN TICKET WITH THIS FORM.**

PD use only: Outcome _____ Date response mailed _____ # _____