



Department of Police Service
West Haven, Connecticut
Request for Ordinance Violation Hearing

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Ticket Number _____ Date of Incident _____

For Police Department use only

Date form received _____ Case No. _____

Hearing date _____

Date, Time, and How accused party notified of hearing date

Date _____ Time _____ How notified _____

Comments

Hearing Boards Decision Pay fine Fine Waived Reduced to \$ _____