

HAMDEN POLICE DEPARTMENT TOWN OF HAMDEN 2900 DIXWELL AVENUE HAMDEN, CT 06518



OBJECTION FORM

(Indicate one)

Violation of Parking Town Ordinance Date of Ticket: ____ Violation Number: (N) _____ Ticket Number: (A) Location/Address: _____ PERSONAL INFORMATION Name: _____ City, State & Zip: Telephone Number: Town Property Address: _____ **VEHICLE INFORMATION** Make: ______ Model: _____ Year: ____ Plate #: _____ **Reason for Objection:**

This form must be submitted within fifteen (15) days of issuance of parking citation, filled out in its entirely and submitted to the Office of the Chief of Police, Town of Hamden, 2900 Dixwell Avenue, Hamden Ct 06518, before a hearing is scheduled by Parking Violation Hearing Officer.