LITTLETON POLICE DEPARTMENT

264 Cottage Street
Littleton, NH 03561
Bus: 603-444-7711 Fax: 603-444-1713

PARKING TICKET APPEAL

Print or Type Clearly

Date of Appeal: _____

Please list your name, address, phone number and ticket information below as this information is necessary to evaluate and respond to your request. Please be sure to print or type clearly. Appeals must be submitted to the Chief's attention at the Police Department. Your appeal will be addressed as quickly as possible.

Name: _____

Street: _____

City, State & Zip: _____

Phone: _____

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 OFFICE ONLY

APPEAL APPROVED: _____

APPEAL DENIED: _____

DATE: _____