TOWN ORDINANCE VIOLATION OBJECTION STATEMENT

Parking Tickets • 50 South Main St. • West Hartford, CT 06107 • (860) 561-7475

This form allows the ticketed party to submit a formal, written objection statement which will be reviewed, and may be granted or denied. If granted, the ticket will be discharged. If denied, you will be notified of a hearing date and time at which you may present your objection to a hearing officer. **Failure to appear at this hearing will result in the assessment of all fines and penalties against you by default**. Filing an objection statement will suspend further accumulation of fines and/or penalties until such time as a final determination is made.

PART A: - To be Completed by Ticketed Party

(Note: Any attachments, or additional pages must be signed separately, and referenced on this page. This form must be signed.)

KNOWING THAT THIS STATEMENT, AND ANY STATEMENTS OR DOCUMENTS ATTACHED HERETO OR REFERENCED HEREIN MAY BE USED AGAINST ME IN COURT PROCEEDINGS AND HAVING DUE NOTICE THAT MY FALSE STATEMENTS MAY SUBJECT ME TO CRIMINAL PENALTIES, I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE WITH REFERENCE TO THE LISTED ORDINANCE VIOLATIONS:

For the following reason(s), I request that the listed ordinance violation(s) be excused.

Ticket No(s).		Date(s) of Issue	Vehicle License Plate # and State
_____	_____	_____	_____
_____	_____	_____	_____

Reason:

_____

_____

_____

_____

_____

_____

_____

Additional sheets attached? Yes ☐ No ☐

Print your name and return address: **Sign below**.

_____

_____

_____

_____

Signature of Objector

PART B: - TO BE COMPLETED BY OFFICE/HEARING OFFICER

Your parking ticket/ordinance violation objection has been reviewed by the Hearing Officer. The objection is:

☐ GRANTED: Take no further action.

☐ DENIED: You must either:

1. Pay the amount due, which must be received or postmarked prior to the hearing date. Late payments will result in an assessment by default and will be subject to doubling of the original fine plus an administrative fee of 13.5% **Amount due:** $_____

OR

2. Appear at the scheduled hearing to further state your case to the Hearing Officer. Failure to appear will result in an assessment by default and will be subject to doubling of the original fine plus an administrative fee of 13.5%

A hearing on this matter is scheduled for DATE: _____ TIME: _____

Report to room 109 at the address in the shaded area below. If an assessment is levied against you at the hearing, payment is required at the time of the hearing. No payment arrangements will be accepted.

_____ _____

Date Hearing Officer

As a result of the hearing held on the above-referenced date, the following assessment was entered/or case dismissed.

_____

_____ _____

Date Hearing Officer

Assessment Paid	Date Paid	Initials

Please make payment to or Report to Room 109:
West Hartford Town Hall
50 South Main Street • West Hartford, CT 06107

White - Office Pink - Objector