

**CITY OF NEW HAVEN
DEPARTMENT OF TRAFFIC & PARKING**

**REQUEST FOR REVIEW
PARKING VIOLATION/TOWING**

THIS FORM WILL NOT BE PROCESSED IF ILLEGIBLE OR INCOMPLETE

DATE: ___/___/___ TICKET REVIEW TOW REVIEW
NAME: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
VEHICLE OWNER: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

VEH. REG. NO.: _____ STATE: _____
VIOLATION NO.: _____ TICKET NO: _____
DATE TICKET ISSUED: ___/___/___ SHIELD NO: _____
MAKE: _____ YEAR: _____ MODEL: _____
IF TOWED, GARAGE TOWED TO: _____

NATURE OF COMPLAINT: _____

THE FILING OF THIS FORM WITH THE DEPARTMENT OF TRAFFIC AND PARKING WITHIN 15 DAYS OF THE ISSUANCE OF THE TICKET WILL DEFER THE ACCUMULATION OF PENALTIES ON THIS TICKET UNTIL THE OWNER IS NOTIFIED IN WRITING OF THE RESULT OF THE REVIEW.

I HEREBY CERTIFY UNDER THE PENALTY OF FALSE STATEMENT THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: ___/___/___

**MAIL THIS FORM
WITH PARKING TICKET TO:** **DEPARTMENT OF TRAFFIC & PARKING
PO BOX 1928, NEW HAVEN, CT 06509**