

**MIDDLEBURY POLICE DEPARTMENT
PARKING TICKET APPEAL**

Ticket No.: _____ Date & Time Issued: _____

Location Issued: *(Be specific)*

Violation(s): _____

License Plate No.: _____ State: _____

Name: _____ Daytime Phone No.: _____

Mailing Address:

I am appealing / contesting this ticket because: _____

Signed: _____ Date: _____

Email Address: _____

Please complete this form and return it to the Middlebury Police Department at One Lucius Shaw Lane, Middlebury, VT 05753-1199. (802) 388-3191

Notice: Appeals must be filed within 10 calendar days of the violation. Failure to file an appeal within the 10-day period constitutes an admission of the validity of the violation and a waiver of the right to a hearing.

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Date Appeal Received: _____

Received: In person By mail Other

Ticket Sustained Fine Assessed: \$ _____

Ticket Amended:

Fine Assessed: \$ _____

Ticket Dismissed

Ticket Appeal Inquiry Report:

Reporting Official: _____ *Date:* _____