



"Your Space is Ready"  
PARK NEW LONDON

NEW LONDON PARKING AUTHORITY  
ADMINISTRATIVE OFFICES  
160 WATER STREET  
NEW LONDON, CT 06320



## REQUEST FOR PARKING (CITATION) TICKET HEARING

PLEASE NOTE: **THIS FORM IS REQUIRED FOR YOU TO PRESENT YOUR REASON(S) FOR NOT HAVING TO PAY THE PARKING (CITATION) TICKET WITHIN TEN (10) DAYS AFTER ISSUANCE.**

PLEASE NOTE: PARKING AMBASSADORS WHO ISSUE TICKETS MAY HAVE TAKEN A PHOTOGRAPHIC RECORD OF VEHICLE REGISTERED PLATE NUMBER, LOCATION/STREET THE REGISTERED VEHICLE WAS LOCATED ON AND OR ALL APPLICABLE STREET SIGNAGE, FIRE HYDRANTS, INTERSECTIONS, ETC.

PLEASE NOTE: THIS INFORMATION WRITTEN BELOW WILL BE AVAILABLE TO THE HEARING OFFICER WHEN YOU APPEAR AT YOUR APPEAL HEARING.

PLEASE DELIVER THIS FORM TO THE: **NEW LONDON PARKING AUTHORITY  
ADMINISTRATIVE OFFICE  
160 WATER STREET  
NEW LONDON CT 06320**

**IMPORTANT: THE NEW LONDON PARKING AUTHORITY ADMINISTRATIVE OFFICE IS LOCATED IN THE WATER STREET GARAGE DIRECTLY ACROSS FROM THE NEW LONDON TRAIN STATION.**

**IF THE APPROPRIATE PARTIES CANNOT READ THE INFORMATION PROVIDED ON THIS FORM, THE REGISTRANT, MOTORIST AND OR OPERATOR SHALL HAVE FINANCIAL RESPONSIBILITY FOR ALL APPLICABLE FINES, PENALTIES AND LATE FEES ASSOCIATED WITH THE PARKING (CITATION) TICKET(S) LIST THEREOF.**

PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APARTMENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLATE NUMBER: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

**REQUIRED: THE ORIGINAL PARKING TICKET(S) LIST BELOW MUST BE ATTACHED TO THIS FORM:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

PLEASE PRINT CLEARLY REASON FOR APPEAL HEARING (REQUIRED): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE REQUIRED: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE WRITE ON THE BACK OF THIS FORM, IF NECESSARY.