

**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 include your parking ticket with this form and return to:

**West Hartford Town Hall, Room 109**  
50 South Main Street • West Hartford, CT 06107