



# Meriden Police Department

50 West Main Street  
Meriden, Connecticut 06451  
203-238-1911



**JEFFRY COSSETTE**  
Chief of Police

## PARKING VIOLATION REVIEW REQUEST

I, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Address)

Request that the Parking Violation Ticket# \_\_\_\_\_ be reviewed for the following

Reason/reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My license plate number is: \_\_\_\_\_

Date I received this ticket: \_\_\_\_\_

I understand that the decision of the Reviewing Authority is final and I will abide by his/her decision.

Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
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Reviewing Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Action taken:      TICKET EXCUSED       TICKET NOT EXCUSED

Signature of Reviewing Authority: \_\_\_\_\_