



"To Protect and Serve"

WESTPORT POLICE DEPARTMENT

50 Jesup Road Westport, CT 06880
203-341-6000

FORM #

PD-42
REV 2-19

Form Title

PETITION FOR PARKING TICKET VIOLATION

PLEASE ATTACH ORIGINAL TICKET WITH THIS APPLICATION – PLEASE PRINT LEGIBLY

Ticket Number: _____ Date of Ticket: _____

Plate #: _____ State: _____ Vehicle Make: _____ Color: _____

Code: _____ Code Description: _____ Location: _____

Name: _____ Phone No.: _____

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

EXPLANATION

I hereby declare under penalty of false statement that the foregoing statement is true.

Signature: _____

Date: _____

Decision of Hearing Officer:

Assessed: _____

Voided: _____

Hearing Officer: _____

Date: _____