



Meriden Police Department

50 West Main St Meriden, CT 06451
203-238-1911



Roberto M. Rosado
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: _____

Entry Desk Officer's Name: _____

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

Please Sign: _____

Date: _____

Telephone Number: _____

Reviewing Authority: _____

Date: _____

Action taken: TICKET EXCUSED

TICKET NOT EXCUSED

Signature of Reviewing Authority: _____