



BRISTOL POLICE DEPARTMENT

Kristopher Bean, Chief of Police

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PARKING TICKET APPEAL FORM

- 1) All information must be entered for the appeal to be processed.
- 2) Failure to provide any of this information will result in immediate denial of appeal.
- 3) Please use information from your ticket when filling out this form.
- 4) Please write legibly. If your appeal is not legible, your appeal will be automatically denied.

Date of Appeal: _____ Ticket # _____ (located at top of ticket)

Date Ticket Issued: _____ Issuing Officer: _____

Location Issued: _____ Time Issued: _____

Vehicle Make: _____ Model: _____ Color: _____

Type of Parking Violation: _____ Fine Amount: _____

Registration of Ticketed Vehicle: (State) _____ (Plate) _____

Driver's License (#/state): _____

Name of Appellant: _____ Date of Birth: _____

MAILING ADDRESS: _____

Phone #: (_____) - _____ - _____ Email: _____

How would you prefer to receive the appeal decision? ___ letter via mail ___ email

Reason for the Appeal: _____

(Please use reverse side if necessary)

Your penalty will not increase during the appeal process. You may only appeal the ticket once. Tickets which have been previously denied will not be reviewed again. By signing this form, you agree to these terms.

Signature of Appellant: _____ Date: _____

*****ADMINISTRATIVE USE ONLY*****

Appeal Granted Appeal Denied Amount Due: \$ _____

Reason for Denial: _____

Chief of Police: _____ Date: _____