

TOWN OF CONWAY, NEW HAMPSHIRE

Parking Ticket Appeal Form

INSTRUCTIONS: To contest a parking ticket please complete and sign this form and return it to the Town of Conway. The town will process your appeal for investigation with the proper authority. The investigation will be completed and you will be notified within 30 calendar days of receipt.

You may mail your appeal to: Town Manager's Office, Traffic Appeal, P.O. Box 2680, Conway NH 03818 or via e mail conway@conwaynh.org, or Fax 603 447 1348. Appeals must be made within 48 hours from the date of ticket issuance. **Note: Full payment of fine must accompany appeal.**

NAME (PLEASE PRINT) _____ PHONE: _____
ADDRESS _____ E MAIL _____
TICKET NO. _____ DATE/TIME ISSUED _____ STREET _____

REASON FOR APPEAL:

By signing below, I certify that the details of my appeal are true and accurate.

SIGNATURE: _____

FOR OFFICIAL USE ONLY

DATE OF APPEAL: _____ DISPOSITION DATE: _____

DISPOSITION:

GRANTED (Fine Reimbursed) _____ DENIED _____

FINDINGS: Investigation completed by: _____ Date: _____