

**TOWN OF EAST HARTFORD**  
**Collector of Revenue**  
**740 Main Street, East Hartford, CT 06108-3114**  
**860-291-7250**

No. \_\_\_\_\_

**Administrative Parking Violation Citation Appeal**

You have the right to request an administrative review of a parking violation citation. The request must be received by the East Hartford Tax Collector's office within ten (10) calendar days of the date of the parking violation citation. Your only opportunity to present evidence or give a statement will be on this form. There is no formal hearing.

*Please note: Inability to pay or a belief that the parking regulation is unfair or has been unfairly applied to you is not a sufficient reason for appeal.*

**Knowing that this statement, and any statements or documents attached hereto or referenced herein may be used against me in court proceedings, and having due notice that my false statements may subject me to criminal penalties, I declare that the following statements are true with reference to the listed Parking Violation Citation:**

Ticket Number	Amount of Violation	Date of Issue	Vehicle License Plate # and State
_____	\$ _____	_____	_____

**Attach original ticket to this appeal form.**

Reason:

---

---

---

---

---

Additional sheets attached? (Additional sheets must be signed)      Yes ☐ No ☐

**Print your name, address and phone number and date and sign this form:**

(It is your obligation to immediately inform the Tax Collector's Office of any change in address).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: (home)\_\_\_\_\_(cell)\_\_\_\_\_  
Date: \_\_\_\_\_  
Signature:\_\_\_\_\_

*Date received by Tax Collector*\_\_\_\_\_  
*(to be completed by Tax Collector's Office)*

---

**ADMINISTRATIVE REVIEW DECISION**

Your objection is:    ☐    **Acceptable – your parking violation citation has been voided. You do not need to pay your ticket.**  
                                 ☐    **Unacceptable – Pay \$\_\_\_\_\_ within ten (10) calendar days of the Mailing Date below or fine will double to \$\_\_\_\_\_.**

\_\_\_\_\_  
Signature of Hearing Officer

\_\_\_\_\_  
Mailing Date

If you are not satisfied with the above action, you are entitled to a formal hearing with one of the Town's Parking Violation Hearing Officers. Check the box below and return this form to the Town of East Hartford Tax Collectors Office within ten (10) calendar days of this notification if you would like a hearing.

☐ I hereby request a Hearing with a Parking Violation Hearing Officer

If you check the box for a hearing, you will not need to pay your ticket at this time. Notice of your hearing date will be sent to you at the above address. Failure to appear at this hearing will result in the assessment of all fines and penalties against you by default.

---

**HEARING OFFICER'S DECISION (after formal hearing)**

☐    **I hereby concur with the objection – your parking violation citation has been voided. You do not need to pay your ticket.**  
☐    **I hereby concur with the determination in the administrative appeal. Pay \$\_\_\_\_\_ within ten (10) calendar days of the below date or fine will double to \$\_\_\_\_\_.**

\_\_\_\_\_  
Signature of Hearing Officer

\_\_\_\_\_  
Hearing Date

**See Reverse side for State Court Appeal Rights, Payment and Other information.**

**Further Appeal Rights:**

**Connecticut General Statutes, Section 7-152c(g)Provides:**

A person against whom an assessment has been entered pursuant to this section is entitled to judicial review by way of appeal. An appeal shall be instituted within thirty days of the mailing of notice of such assessment by filing a petition to reopen assessment, together with an entry fee in an amount equal to the entry fee for a small claims case pursuant to section 52-259, at a superior court facility designated by the Chief Court Administrator, which shall entitle such person to a hearing in accordance with the rules of the judges of the Superior Court.

**Payment:**

All payments of fines and penalties hereunder must be received by the Tax Collector at the address set forth on the first page of this form within ten (10) calendar days of the date set forth in the decision or the fine will double. It is your responsibility to make certain that all appeals and payments are made within the time periods set forth on this form.

Checks should be made Payable to the Town of East Hartford Collector of Revenue. Include a photocopy of the decision with your payment.

**Copy of Appeal Form:**

You should keep a photocopy of all appeal forms that you send to the Town and all decisions received by the Town.

**THE TOWN OF EAST HARTFORD RESERVES THE RIGHT TO USE ANY ENFORCEMENT METHODS AVAILABLE THROUGH CONNECTICUT GENERAL STATUTES OR EAST HARTFORD ORDINANCES THE ABOVE NOTWITHSTANDING**