BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue; Bloomfield, Connecticut 06002-2444
V: 860.242.5501 www.bloomfieldct.org F: 860.242.9316

Betsy J. S. Hard, Chief of Police

CITATION APPEAL FORM

BPD-134

I wish to appeal the violation charged in the referenced citation for the reasons shown.

Please fill out this form completely and return it to the Bloomfield Police Department, Records Division, 785 Park Avenue, Bloomfield, CT. 06002, within ten (10) days from the date of issuance of the citation or receipt of this notice.

POLICE CASE NUMBER: _____ DATE ISSUED: _____

PLATE NUMBER & STATE (if applicable): _____

LOCATION CITATION WAS ISSUED: _____

REASON FOR APPEAL ***(A DIAGRAM MAY BE HELPFUL, USE ADDITIONAL SHEET IF NECESSARY)***

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Please bring to the hearing any supporting documents or witnesses that you feel are relevant to your case.

SPECIAL REQUESTS: _____

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Name: _____ Phone Number: _____

Address: _____

By signing this Citation Appeal Form, I do not admit to liability in this matter, but I affirm that I am the person to whom the citation was issued or the registered owner of an involved motor vehicle. I also affirm that the information I provided herein is true and accurate to the best of my knowledge under penalty of providing a false statement.

_____ _____

Person Filing Appeal Date