

CFS# _____



SEABROOK POLICE DEPARTMENT
7 Liberty Lane
Seabrook, New Hampshire 03874

603-474-5200
Emergency: 911

PARKING TICKET APPEAL FORM

Date of Appeal: _____

ALL FIELDS MUST BE COMPLETED

Name of Appellant: _____ Date of Birth: _____

DRIVERS LICENSE # (state of issue): _____

OF: (Please indicate address for proper notification)

VEHICLE MAKE/MODEL: _____ PLATE # and STATE: _____

HOME PHONE:

LOCAL PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL:

Date of Parking Ticket Issuance: _____

Parking Ticket #: _____ Time of Issuance: _____ Place of Issuance: _____

Reason for Appeal (Please write in your reason for appeal in the space provided):

Appellant Signature: _____ Date: _____

*****Administrative Use Only*****

☐ Sign Properly Posted

☐ Permit improperly displayed

☐ Sign NOT Properly Posted

☐ Other _____

PEO Initials: _____

Date: Signs/Meters were checked: _____

☐ APPEAL APPROVED

Signature: _____

Date: _____

☐ APPEAL DENIED.

Signature: _____

Date: _____

Summons to appear in court issued: _____