

HEARING ACKNOWLEDGEMENT & CONTACT INFORMATION FORM

CITATION HEARING OFFICE
160 MARKET STREET HARTFORD, CT 06103



Hearing Date: _____

Number of Citations: _____ Citation Number: _____
(maximum of 3 per form)

Citation Number: _____

Citation Number: _____

Please provide us with your information. The decision and any other communication from this office will be mailed to the contact information provided below:

NAME: _____

Name of Registered Vehicle Owner: _____
(if other than yourself)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

PLEASE READ THE FOLLOWING CAREFULLY:

By signing this form, I hereby acknowledge that by I am agreeing to an audio and visual electronic recording of the conversations between myself and the Citation Hearing Officer. I am aware that the recording will be archived after the hearing.

I further understand and agree that a HEARING FEE of \$15.00 will be applied to each of the above citation(s) for which I am held "LIABLE" after the hearing. You will not incur any hearing fees for citations in which you are held "NOT LIABLE."

IF YOU CHOOSE TO PAY THE ABOVE REFERENCED CITATION(S) BEFORE YOUR SCHEDULED HEARING, YOU WILL NOT INCUR THE \$15.00 HEARING FEE ASSOCIATED WITH YOUR CITATION(S). You can pay at the payment window, online at www.hartfordparking.com, or by phone at (866) 757-5843.

SIGNATURE: _____

DATE: _____

HEARING OFFICER SIGNATURE: _____