

# Town of Sanford, Maine

## Police Department

917 Main Street, Suite 100  
Sanford, Maine 04073-3589  
(207) 324-3644

THOMAS P. CONNOLLY, JR.  
CHIEF OF POLICE  
FAX (207) 324-9199

### PARKING VIOLATION NOTICE OBJECTION STATEMENT

This form has been established to permit complainants to register a formal statement of objection regarding their parking ticket fine. The filing of this form shall suspend the accumulation of additional penalties and leave the penalty as it was on the date of filing this form until such time as a final determination is made.

Knowing that this statement may be used against me in court proceedings, and having due notice that my false statement may subject me to criminal penalties, I declare that the following statements are true with reference to the listed parking violation(s).

This form will not be processed without the owner or operator's signature. For the following reason(s), I request that the parking ticket billing listed below be:

Excused

Voided

Other

The following information can be found on your ticket: (Attach original ticket to this request)

Issued to:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY/STATE/ZIP)

Violation #:

\_\_\_\_\_

Date of Ticket:

\_\_\_\_\_

Ticket #:

\_\_\_\_\_

Amount Due#:

\_\_\_\_\_

State Registered:

\_\_\_\_\_

Registration #:

\_\_\_\_\_

Make/Type of Vehicle:

\_\_\_\_\_

Date of Filing Form:

\_\_\_\_\_

Please state below reason for objection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if additional space is needed, please write use the back of this form)

Add'l info on back

\_\_\_\_\_  
SIGNATURE OF PERSON WHO RECEIVED TICKET

\_\_\_\_\_  
PHONE NUMBER DURING DAYTIME HOURS

### A NOTICE OF DECISION WILL BE SENT TO THE LISTED SUBSCRIBER

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#### FOR OFFICE USE ONLY:

Chief's Review Date: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_

Request Approved

Request Denied

Subscriber was provided with a copy of this decision on: \_\_\_\_\_ By: \_\_\_\_\_