TOWN OF CONWAY, NEW HAMPSHIRE

Parking Ticket Appeal Form

INSTRUCTIONS: To contest a parking ticket please complete and sign this form and return it to the Town of Conway. The town will process your appeal for investigation with the proper authority. The investigation will be completed and you will be notified within 30 calendar days of receipt.
You may mail your appeal to: Town Manager's Office, Traffic Appeal, 1634 E. Main St., Ctr. Conway NH 03813 or via e mail conway@conwaynh.org, or Fax 603 447 1348. Appeals must be made within 48 hours from the date of ticket issuance. **Note: Full payment of fine must accompany appeal.**

NAME (PLEASE PRINT) _____PHONE:_____
ADDRESS _____ E MAIL _____
TICKET NO. _____DATE/TIME ISSUED_____STREET_____

REASON FOR APPEAL:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

By signing below, I certify that the details of my appeal are true and accurate.

SIGNATURE: _____

FOR OFFICIAL USE ONLY

DATE OF APPEAL: _____DISPOSITION DATE: _____
DISPOSITION:
GRANTED (Fine Reimbursed) _____ DENIED ____
FINDINGS: Investigation completed by: _____ Date:_____