NEW MILFORD TRAFFIC AUTHORITY

Parking Ticket Dispute Form

Name:	Today's Date:	
Address:		
Home Phone:	Cell Phone:	
Email address:		_
Date & Time of Incident:		_
Location:		_
Ticket#O	officer: Violation:	_
Narrative:		
Signature:		
Mail the completed form to:	Chairman, Traffic Authority	
	10 Main Street, New Milford, CT 06776	
** Parking Tickets are not to	be paid until the decision of the Traffic Authority has been made	**
	me and place of the Traffic Authority meeting. You may or may not apsion will be rendered without your presence. A notice will be sent to you ecision.	