



# ST. ALBANS POLICE DEPARTMENT PARKING TICKET APPEAL

Ticket No.: \_\_\_\_\_ Date & Time Issued: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*I am appealing / contesting this ticket because:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Please complete this form and return it to the St. Albans Police Department at  
30 Lower Welden Street, St. Albans, Vermont 05478  
(802) 524-2166

**Notice:** Appeals must be filed within 10 calendar days of the violation. Failure to file an appeal within the 10-day period constitutes an admission of the validity of the violation and a waiver of the right to a hearing.

*For Department Use Only:*

\_\_\_\_\_  
Status

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Photo:  Y  N  
Letter:  Y  N