



# Salem Police Department

9 Veterans Memorial Pkwy  
Salem, New Hampshire 03079  
Phone: 603-893-1911 Fax: 603-685-6475

## PARKING TICKET APPEAL FORM

Date of Appeal: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Vehicle Description

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**Parking Ticket #:** \_\_\_\_\_

Location Where Ticketed:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Officer/Badge #: \_\_\_\_\_

Violation:

**Reason for Appeal: (briefly present your case, continue on back if necessary)**

Please fill out this form, filling in all blanks wherever possible. Please provide a valid phone number and email address, so that we may contact you if further information is needed. Your appeal will be reviewed and you will be notified of the decision within two weeks of receiving the completed Appeal Form. Decisions are final. Please DO NOT attach the parking ticket to the form.