CROMWELL POLICE DEPARTMENT

Municipal Citation Objection Form

☐ Parking/Motor Vehicle ☐ Snow ☐ Trespass ☐ Alarm ☐ Animal ☐ Zoning ☐ Health ☐ Other

TICKET NUMBER_____ **CASE NUMBER**_____

OWNER NAME_____

ADDRESS_____

CITY, STATE & ZIP CODE_____

I, _____, of _____ , phone _____ make the following true and voluntary statement knowing that it can and will be used in court. I also understand that making a false statement may be punishable by up to 1 year in jail and/or a fine up to $1000, as stated in Sec. 53a-157 of the Conn. General Statutes.

☐ I request a Hearing based on the following information.
I understand that if I do not appear at such a scheduled hearing, that my request will be denied and that I shall be found Liable for all fines imposed.

☐ I do not request a Hearing, however I would like my violation reviewed by a Hearing Officer, based on the following information.
I understand that such a decision is final and cannot be appealed.

_____

_____

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_____

Signature of Owner or Operator: _____ **Date:**_____

SUBMIT THIS OBJECTION FORM WITHIN SEVEN (7) DAYS TO:

Cromwell Police Department
Violation Bureau
5 West Street
Cromwell, CT 06416

NOTE: All correspondence will be sent to the DMV listed owner.