

# 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, P.O. Box 2680, Conway NH 03818 or via e mail [conway@conwaynh.org](mailto:conway@conwaynh.org), or Fax 603 447 1348. Appeals must be made within 5 business days 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:

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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: \_\_\_\_\_