

DURHAM POLICE DEPARTMENT
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Durham, New Hampshire 03824

603-868-2324
Emergency: 911
e-mail: police@ci.durham.nh.us

PARKING TICKET APPEAL FORM

Date of Appeal: _____

Name of Appellant: _____ Date of Birth: _____

DRIVERS LICENSE # (state of issue): _____

OF: (Please indicate address for proper notification)

VEHICLE MAKE/MODEL: _____ PLATE # and STATE: _____

HOME PHONE:

LOCAL PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL:

Date of Parking Ticket Issuance: _____

Parking Ticket #: _____ Time of Issuance: _____ Place of Issuance: _____

Reason for Appeal (Please write in your reason for appeal in the space provided):

Appellant Signature: _____ Date: _____

*****Administrative Use Only*****

☐ Sign Properly Posted

☐ Meter Working Properly

☐ Sign NOT Properly Posted

☐ Meter NOT Working Properly

PEO Initials: _____

Date: Signs/Meters were checked: _____

☐ APPEAL APPROVED

Signature: _____

Date: _____

☐ APPEAL DENIED.

Signature: _____

Date: _____

Summons to appear in court issued: _____