



DURHAM POLICE DEPARTMENT

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PARKING VIOLATION APPEAL FORM

Date of Appeal: _____

Name of Appellant: _____ Date of Birth: _____

Address for Notification
of Appeal Status: _____

Vehicle Make & Model: _____ Vehicle Plate # and State: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Date Parking Violation Issued: _____

Parking Ticket #: _____ Time & Location Issued: _____

Reason for Parking Violation Appeal *(Please print your reason below):*

Appellant Signature: _____ Date: _____

**** Administrative Use Only ****

☐ APPEAL APPROVED Signature: _____ Date: _____

☐ APPEAL DENIED Signature: _____ Date: _____