

CROMWELL POLICE DEPARTMENT

OBJECTION FORM

_____ Parking Ticket _____ Towing _____ Plowing snow _____ Sidewalks

TICKET NUMBER _____

OWNER NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

Knowing that this statement may be used against me in Court, and having due notice that my false statement may subject me to criminal penalties. I declare that the following statement are true:

_____ For the following reason(s) I request that the listed citation be

_____ Excused _____ Other

_____ For the following reason(s) I object to my vehicle having been towed

Location of incident: _____ Date: _____

Registration of Vehicle _____ State Registered _____

Signature of Owner or Operator _____ Date _____

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

Cromwell Police Department
Violation Bureau
5 West St.
Cromwell, CT 06416

NOTICE OF HEARING WILL BE SENT TO LISTED OWNER