

Appeal Receipt Date:

Ticket # _____

APPEAL
For a
TOWN OF MANSFIELD
ORDINANCE VIOLATION TICKET/PARKING TICKET

NAME _____

LOCAL STREET _____

LOCAL CITY, STATE, ZIP _____

EMAIL: _____

BEST PHONE NUMBER TO REACH YOU: _____

PLEASE DESCRIBE THE REASONS FOR YOUR APPEAL

_____ Appeal Upheld Ticket will be voided and no payment will be due.

_____ Appeal Denied - appropriate payment is due. **Please enclose copy of the ticket with your payment or note the ticket number on your check.**

_____ Hearing Officer Signature

_____ Date

Send payment to: TOWN OF MANSFIELD, TAX COLLECTOR,
4 S. Eagleville Road, Storrs, CT 06268
Phone: 860 429-3307