



Town of Stafford
Parking Violation Hearing Officer
Warren Memorial Town Hall
(860) 684-1793

Parking Violation Hearing Form

Name _____ Address _____

Phone _____ Date _____

Violation No. _____ Date of Violation _____

Mail Appeal Application to: Parking Violation Hearing officer
Town of Stafford
1 Main Street
Stafford Springs, CT 06076

You will be notified of time and place of hearing by mail. Failure to appear at hearing will result in assessment and judgment against you.