CITATION HEARING OFFICE
11 ASYLUM AVENUE, SUITE 2
HARTFORD, CT 06103
(860) 757-0880

REQUEST FOR A NEW HEARING DATE

PLEASE NOTE THAT YOUR ORIGINAL HEARING DATE IS LISTED ON YOUR PARKING TICKET

Please provide us with the reason(s) why you are requesting a new hearing date and why your request should be granted. Feel free to submit any documents or materials which will help to support your request. *Please be advised that the hearings are conducted Tuesdays & Thursdays from 9AM until 3PM.*

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(If you need more space, please use the back of this page or submit separate pages.)

Name: _____ **Date:** _____

Citation #: _____ **License Plate #** _____ **State:** _____
#: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____

Email Address: _____

Revised 1/2016