

**CITATION HEARING OFFICE  
11 ASYLUM STREET, 2<sup>ND</sup> FLOOR  
HARTFORD, CT 06103  
(860) 757-0730**



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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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Citation #:** \_\_\_\_\_ **License Plate #** \_\_\_\_\_ **State:** \_\_\_\_\_  
**#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_