



TOWN OF ASHLAND, NEW HAMPSHIRE POLICE DEPARTMENT

Chief Anthony L. Randall
603-968-4000
Fax 603-968-4009

Parking Ticket Hearing Form Ticket Recipient

Name: _____

Mailing Address: _____

Residence Address: _____

Home Telephone: _____ Work Telephone: _____

OFFENDING VEHICLE

Year/Make/Model: _____

Registration Number: _____

Owner (IF DIFFERENT): _____

Address (IF DIFFERENT): _____

CITATION INFORMATION

Offense: _____

Ticket Number: _____

Location: _____

ACTION TAKEN (LEAVE BLANK)

Affirmed: _____

Reduced: _____

Voided: _____

Authority: _____

REASON WHY YOU FEEL TICKET SHOULD BE VOIDED: _____

Return this Form to: Ashland Police Department
20 Highland Street
Ashland, NH 03217