



# 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