



# BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue; Bloomfield, Connecticut 06002-2444  
Voice: 860-242-5501 [www.bloomfieldct.gov](http://www.bloomfieldct.gov) Fax: 860-242-7240

## **CITATION APPEAL FORM**

BPD-134

**For the reasons shown below I wish to appeal the violation charged in the referenced citation and hereby request a hearing.**

*Please fill out this form completely and return it to the Bloomfield Police Department, Records Unit, 785 Park Avenue, Bloomfield, CT. 06002, within ten (10) days from the date of issuance of the citation or receipt of this notice.*

POLICE CASE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

**PLATE NUMBER & STATE** (if applicable): \_\_\_\_\_

LOCATION CITATION WAS ISSUED:

**REASON FOR APPEAL (A DIAGRAM MAY BE HELPFUL, USE ADDITIONAL SHEET IF NECESSARY)**

**Please bring to the hearing any supporting documents or witnesses that you feel are relevant to your case.**

**SPECIAL REQUESTS:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

By signing this Citation Appeal Form, I do not admit to liability in this matter, but I affirm that I am the person to whom the citation was issued or the registered owner of an involved motor vehicle. I also affirm that the information I provided herein is true and accurate to the best of my knowledge under penalty of providing a false statement.

---

## Person Filing Appeal

---

Date