



WELLS POLICE DEPARTMENT

P.O. Box 398
1563 Post Road, Wells, Maine 04090
207-646-9354



PARKING VIOLATION APPEAL FORM

Please **PRINT** all requested information

Parking Violation Information

Violation # _____ Date of Issue _____ Time Issued _____

Type of Violation(s) _____

Location of Violation _____

Issuing Officer Name or Number _____ Fine Amount \$ _____

Vehicle Information

Registration # _____ State of Registration _____

Vehicle Make _____ Model _____ Color _____

Operator Information

Name _____ Date of Birth _____

Address (mailing) _____

City _____ State _____ Zip Code _____

Telephone Number _____

Reason for Appeal (PRINT CLEARLY)

Please use other side of the paper, if you run out of space.

Operator Name (Printed)

Date

Your appeal will be reviewed and you will be notified, by mail, within 14 days of the outcome of your appeal.
The decision letter will be mailed to you at the address provided above.

Department Use Only

Denied

Approved By

Granted

Date