

Ticket # _____ staple to back

APPEAL
For a
TOWN OF MANSFIELD
TICKET

License Plate # State

Absolutely NO appeals accepted after 21 days from issuance of ticket.
PLEASE staple the ticket to the BACK of this form.

This is your mailing label, PLEASE print clearly **within** the spaces provided.

NAME _____

Please do not sent payment until
you receive this appeal denied.

STREET _____

CITY, STATE, ZIP _____

PLEASE DESCRIBE THE REASONS FOR YOUR APPEAL

Your appeal should be based on CONNECTICUT MOTOR VEHICLE LAWS (Title 14).

(use other side as needed)

_____ Appeal Upheld Ticket will be voided and no payment will be due.

_____ Appeal Denied – appropriate payment is due within 21 days of _____ (date appeal mailed)
after which date the fine will double. **Please enclose copy of the ticket with your payment or note the ticket
number/registration number on your check.**

Send payment to: COLLECTOR OF REVENUE (TICKETS)
TOWN OF MANSFIELD, 4 So. Eagleville Road, Storrs, CT 06268
Phone: 860 429-3309 Fax: 860 429-7785