Town of Mansfield
4 South Eagleville Road
Mansfield, CT 06268

MANSFIELD
CONNECTICUT

Appeal Date: _____ **Appeal Time:** _____

APPEAL RECEIPT DATE:

APPEAL FORM
ORDINANCE VIOLATION CITATION

CITATION #: _____

CITATION TYPE: _____

DATE: _____

NAME: _____

ADDRESS OF VIOLATION: _____

CONTACT INFORMATION:

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER(S): _____

EMAIL (REQUIRED): _____

PLEASE DESCRIBE THE REASONS FOR YOUR APPEAL:

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

_____ Appeal Denied. Appropriate payment is due.
Please enclose copy of ticket with payment or note ticket number on your check.

Town of Mansfield
Tax Collector
4 South Eagleville Road
Mansfield, CT 06268

Hearing Officer Signature: _____

Date of Decision: _____