



GILFORD POLICE DEPARTMENT

Kristian J. Kelley
Chief of Police

PARKING TICKET REVIEW FORM

I respectfully request the following parking ticket be reviewed by Gilford Police Department personnel. I understand I will be contacted regarding the ticket's status once a review has been completed. By signing below, I understand the decision reached can only be disputed further by my appearance in Laconia District Court at a time and date to be set.

Date of Request: _____

Ticket #: _____ Ticket Date: _____ Ticket Time: _____

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone #: _____ Email Address: _____

License Plate #: _____ State: _____

Vehicle Make: _____ Vehicle Color: _____

Violation Location: _____

Parking Violation Type: _____

Officer #: _____

Brief Description of Event: _____

Signature: _____

Revised: 05/2022