



Department of Police Services

West Haven, Connecticut 06516



Disputed City Ordinance Violation Complaint Form

Name: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #'s Home and Cell: _____

Email: _____ Date of Complaint Submission _____

Date of Incident: _____ Time of Incident: _____ AM/PM Location: _____

Ticket Number: _____ Ordinance Violation Letter: _____ Ordinance Group # _____

Fine Amount \$ _____ Police Case Number: _____ Officer Badge #: _____

(If Applicable)

Vehicle Plate Number: _____ State: _____

Vehicle Make & Model: _____

Briefly explain why you feel the ordinance violation ticket you received was unjustified.

Complainants Signature: _____ Date: _____

Please mail this form to the Office of Chief of Police, 200 Sawmill Rd. West Haven, CT 06516 or return in person to WHPD Records Division, 200 Sawmill Rd. West Haven, CT 06516. You will be notified by email of the outcome of your complaint. DO NOT RETURN THE ORIGINAL TICKET WITH THIS FORM.

Official Use Only

Outcome: _____ Date response emailed: ____/____/____

Email Address responded to: _____