



STATEMENT OF RIGHTS AND RESPONSIBILITY

CITATION HEARING OFFICE
160 MARKET STREET
HARTFORD, CT 06103

TODAY'S DATE:

10/06/2008

CITATION NUMBER:

LICENSE PLATE NUMBER:

DATE OF NOTICE:

I, _____
(NAME)

ACKNOWLEDGE THAT BY SIGNING THIS FORM I AM AGREEING THAT AN AUDIO VISUAL RECORDING OF THE CONVERSATION (HEARING) BETWEEN MYSELF AND THE CITATION HEARING OFFICER:

- WILL PRODUCED FOR RECORD KEEPING PURPOSES.
- HAS ADVISED ME OF MY RIGHTS.

IF YOU CHOOSE TO PAY THE ABOVE REFERENCED CITATION(S) BEFORE YOUR SCHEDULED HEARING, YOU WILL NOT INCUR THE \$15 FEE ASSOCIATED WITH YOUR CITATION. YOU CAN PAY ONLINE AT www.hartfordparking.com - or - PAY BY PHONE AT 1 (866) 757-5843**

Date Signed: _____

NAME: _____

ARESS: _____

CITY, STATE, & ZIP CODE _____

Telephone # : _____

Signature of Hearing Officer: _____