



REQUEST FOR HEARING REGARDING VIOLATION OF CITY ORDINANCE

Name of Citation: _____

Address: _____

City _____ State _____ Zip Code _____

Location where violation occurred if different than above address:

City _____ State _____ Zip Code _____

Telephone: _____ Day Time Telephone: _____

Date Citation: _____ Amount of Fine: _____

Statement of Reasons why Fine should not be imposed by the City of Bridgeport:

Signature of Person named in the Citation: _____

Date: _____

This form is to be completed by any person contesting a citation (a fine) by the City of Bridgeport for violation of Chapter 8.76.0208A of the Code of Ordinances of the City of Bridgeport and requesting a hearing before a hearing officer. **ONLY THE PERSON NAMED IN THE CITATION MAY CONTEST THE FINE.** The completed form is to be **received** in the Office of the City Attorney at 999 Broad Street, Bridgeport, Connecticut 06604, **within** fifteen (15) days of the date of the Citation. You may mail this form or deliver it in person. You will be contacted by mail regarding the scheduling of a hearing in this matter.