



Town of Warren Warren Municipal Court Parking Ticket Appeal Form

Motorist Name:

(last)

(first)

(middle)

Address:

(street)

(city/town)

(state)

(zip)

Telephone: ()

License #

State Issued:

Make of Vehicle:

Model:

Color:

Year:

License Plate #:

Date of Birth:

Arraignment date: Wednesday _____ at 6:00pm Warren Municipal Court

Warren Town Hall, 2ND FLOOR, 514 Main St. Warren RI, 02885

I hereby wish to plead NOT GUILTY and appeal the charges in Parking Tag(s) #: _____

By submitting this request, I am giving the Court Clerk permission to schedule an Appeal for the parking tag listed above, and I understand if I fail to appeal for this court date, I am responsible for all parking tag fees and a \$35.00 Court Cost.

Signature of Appellant

Date

*******FOR USE BY OFFICE ONLY*******

DATE RECEIVED:

BY:

VIN #:

DATE ENTERED:

“The Town of Warren is an equal opportunity, provider, and employer.”