

**PARKING VIOLATION COMPLAINT** Pursuant to 4 V.S.A. § 32(c)(11) and 24 V.S.A. § 1974a(e)(1)

Plaintiff Municipality (please print) <b>City of Burlington</b>			Municipal No. <b>0403</b>	Registration State <b>Vermont</b>	Registration #
Defendant's Last or Organization Name		First	Middle Initial	Home Phone ( ) -	Business Phone ( ) -
Mailing Address: Street			City	State	Zip Code
Date of Birth - -	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Corp/Organization <input type="checkbox"/>	Violation Date	Time
Defendant's vehicle was issued parking ticket # _____ by _____			Vehicle Make	Vehicle Model	Vehicle Color
<input type="checkbox"/> Defendant contested the parking violation pursuant to the municipal procedure. Defendants' appeal was denied. Defendant exhausted the procedure provided and has not paid the fine assessed for the violation.				In Violation of Municipal Ordinance:	FINE AMOUNT \$
Defendant did then and there commit the following acts:					
Municipal Atty. or Responsible Official (printed) <b>John J King</b>		Responsible Official Title <b>Parking Manager</b>		Municipal Atty. or Responsible Official signature	
Parent or Guardian Last Name		First Name		Delivered To (Def., Reg. Agent, or Corp. Officer)	
Street Address		City	State	Zip Code	Date Served - -
					<input type="checkbox"/> In Hand U.S. Mail
<small>                 Servicemembers' Civil Relief Act Declaration: Signed under penalty of perjury, I state:  <input type="checkbox"/> Defendant said he/she is NOT on active duty in the U.S. armed forces. <input type="checkbox"/> Defendant is under 17 years of age. <input type="checkbox"/> Defendant is a business or corporation.  <input type="checkbox"/> Defendant said he/she IS on active duty or is scheduled to be on active duty in the U.S. armed forces.             </small>					
Officer Signature _____:					
State of Vermont,		County: <b>CHITTENDEN COUNTY</b>		Date:	
Distribution List: <input type="checkbox"/> Original file with Criminal Division <input type="checkbox"/> 1 copy to Municipal Atty. or Responsible Official <input type="checkbox"/> 1 copy to Defendant to retain for their records <input type="checkbox"/> 1 copy to Defendant to return to Criminal Division; <input type="checkbox"/> 1 copy to Defendant to return to Municipality					

1. Sign here	Defendant or Corporate Officer Signature _____ Date _ - _												
2. Mark ("X") your plea below: <input type="checkbox"/> ADMITTED <input type="checkbox"/> NO CONTEST <input type="checkbox"/> DENIED (state reason below) If you plead DENIED, state your reason why: _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Current Mailing Address</td> <td style="width:45%;">Street City, State, Zip</td> <td style="width:20%;">Home Phone       -                    </td> <td style="width:20%;">Work Phone       -                    </td> </tr> <tr> <td>Parent or Guardian of Defendant Under 18 Years of Age</td> <td>Signature</td> <td colspan="2">Date - -</td> </tr> <tr> <td></td> <td>Street City, State, Zip</td> <td>Home Phone       -                    </td> <td>Work Phone       -                    </td> </tr> </table>	Current Mailing Address	Street City, State, Zip	Home Phone       -	Work Phone       -	Parent or Guardian of Defendant Under 18 Years of Age	Signature	Date - -			Street City, State, Zip	Home Phone       -	Work Phone       -
Current Mailing Address	Street City, State, Zip	Home Phone       -	Work Phone       -										
Parent or Guardian of Defendant Under 18 Years of Age	Signature	Date - -											
	Street City, State, Zip	Home Phone       -	Work Phone       -										

IF YOU PLEAD **ADMITTED** OR **NO CONTEST**: Mark your plea and sign above. Deliver your plea to the Criminal Division and the Municipality within 21 days with payment of the FINE AMOUNT shown on the front of the Complaint. Pay by check or money order in U. S. funds, make checks payable to VT Superior Court. Judgment will be entered against you. IF YOU PLEAD **DENIED**: Mark your plea, sign and state your reason why above. Deliver your plea to the Criminal Division with 21 days. You will be scheduled to appear in court. IF YOU FAIL TO DELIVER A PLEA WITHIN 21 DAYS: Judgment will be entered against you by default and you will be liable for the FINE AMOUNT.

**Deliver your plea in person or by mail to:**  
**Chittenden Criminal Division**  
**32 Cherry Street – Suite 300**  
**Burlington, VT 05401**