



GRAYSVILLE, TN POLICE DEPARTMENT HEARING REQUEST FORM

Under Tennessee State Law, the registered owner has the right to appear in court to contest the civil violation by filing a request for a hearing within 30 days of your receipt of the ticket.

Please complete the section below and follow the instructions for returning this form. Once the request has been received and approved, you will be notified by first class mail of your hearing date, location and time.

All fields are required. Failure to complete this form in its entirety will result in your request being denied.

Person Requesting Hearing:		Notice #: <i>(Top Right-Hand Corner of Violation)</i>
Street Number:	Street Name:	Apt/Unit/Lot #:
City:	State:	Zip:
Phone#:	Email: (only used in case of emergency notification)	

Email, Mail or Fax This Form To:

Graysville, TN Police Department
 C/O Court Hearing Department
 P.O. Box 19207
 Chattanooga, TN 37416
 Fax: (423) 702-4404
 Email: hearings@violationpayment.net

For any questions, Contact us:
 By Phone: 1-855-252-0086
 By Email: hearings@violationpayment.net

*** A court fee of \$144 will be assessed at the hearing ***

For Departmental Use Only (Do Not Write Below the Line Above)

Date Received: _____

Received by: _____

Hearing Date Scheduled: _____

Date Notice Sent to Above Named Party: _____