

OFFICE OF THE PARKING CLERK

CITY HALL ROOM 105

10 MAIN ST. .

NORTH ADAMS, MA. 01247

(413) 662-3040

DATE ---/---/---

REQUEST FOR HEARING

NAME----- TICKET NUMBER-----DATE ISSUED ---/---/---

ADDRESS----- TYPE OF VIOLATION-----

CITY----- REGISTRATION NUMBER-----STATE-----

STATE-----ZIP CODE----- VEHICLE MAKE/COLOR-----YEAR-----

PHONE NUMBER-----

I WISH TO APPEAL THIS PARKING TICKET FOR THE FOLLOWING REASON(S).

YOUR HEARING WILL BE CONDUCTED AT THE ABOVE ADDRESS ON

DATE----- TIME-----

PLEASE PRESENT THIS COPY TO THE HEARINGS OFFICER WHEN YOU APPEAR FOR YOUR HEARING.

IF YOU CHOOSE TO PAY THE VIOLATION PRIOR TO YOUR HEARING. PLEASE INCLUDE THIS COPY WITH YOUR PAYMENT.

FOR USE BY HEARINGS OFFICER ONLY

WARNING

APPEAL APPROVED-----

FAILURE TO APPEAR WILL RESULT IN

APPEAL DENIED-----

DENIAL OF YOUR APPEAL

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ABOVE ADDRESS WITHIN 21 DAYS FROM THE DATE THE VIOLATION IS ISSUED.