



# Town of Tewksbury

Office of the Parking Clerk  
1009 Main Street  
Tewksbury, MA 01876  
(978) 640-4355

## **PARKING VIOLATION APPEAL-HEARING BY MAIL**

Appeal must be made within 21 days of violation.

### **TICKET INFORMATION**

VIOLATION # \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_  
TIME ISSUED: \_\_\_\_\_ TYPE OF VIOLATION: \_\_\_\_\_  
LOCATION OF VIOLATION: \_\_\_\_\_  
OFFICER/BADGE NO.: \_\_\_\_\_ PENALTY: \_\_\_\_\_

### **VEHICLE INFORMATION**

REGISTRATION # \_\_\_\_\_ STATE OF REGISTRATION: \_\_\_\_\_  
VEHICLE MAKE AND MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_  
REGISTERED OWNER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### **REASON FOR APPEAL (PRINT CLEARLY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPERATOR'S SIGNATURE

DATE

Your appeal will be reviewed by the Parking Hearing Officer. Following the review, a decision will be forwarded to the address given above. Your fine will not increase during the appeal period.

<b>FOR OFFICE USE ONLY</b>	
DENIED _____	APPROVED BY _____
GRANTED _____	DATE _____