



City of North Adams, Massachusetts REQUEST FOR HEARING FORM

This form must be completed and returned to the parking appeal officer within 21 days from the date the ticket was issued. Please provide a valid email address: hearing notices and appeal outcomes will be sent in writing to this address. **Parking ticket must be attached to this request.** Please provide the following information:

DATE: _____

CONTACT INFO:

NAME _____

ADDRESS _____
Address State Zip Code

PHONE NUMBER _____ EMAIL: _____

TICKET AND VEHICLE INFO:

TICKET NUMBER _____ DATE ISSUED _____

TYPE OF VIOLATION _____

STATE and REGISTRATION # _____ VEHICLE _____
Year, make, and model

REASON FOR APPEAL

-----FOR OFFICE USE-----

HEARING SCHEDULED: DATE: _____ TIME: _____

WARNING FAILURE TO APPEAR WILL RESULT IN DENIAL OF YOUR APPEAL

PLEASE PRESENT THIS COPY TO THE HEARINGS OFFICE 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 OFFICE ONLY: APPEAL IS

APPROVED

DENIED