

**PARKING DEPARTMENT  
11 Summer Street  
North Adams, MA 01247  
(413) 664-4944**

**Request for Hearing**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TICKET NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ VIOLATION: \_\_\_\_\_

CITY: \_\_\_\_\_ REG. NUMBER & STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ VEHICLE MAKE/COLOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

This form must be completed and returned to the above address within 21 days from the date the violation was issued. You will be notified in writing of the outcome.

I wish to appeal this parking ticket for the following reason(s).