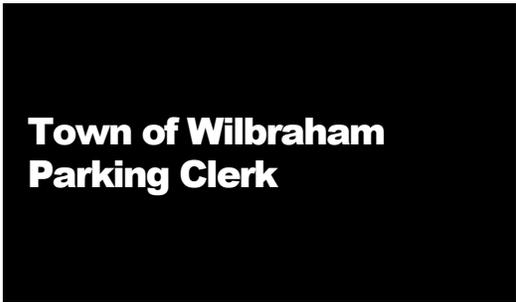


Parking Clerk
240 Springfield Street
Wilbraham, MA 01095

(413) 596-2800 X 101
FAX: (413) 596-9256
hkmelius@wilbraham-ma.gov



PARKING TICKET APPEAL REQUEST FORM

Massachusetts General Laws Chapter 90 Section 20A.5 allows individuals to appeal the issuance of unpaid parking tickets. Use of this form is sufficient when submitting an appeal. Completed forms should be sent to the above address or delivered in person to the Parking Clerk. All requests for appeal of parking tickets must be received by this office within 21 days of the date of the ticket issuance.

Payment of the ticket is an admission of the parking violation and acts as final disposition of the matter.

Name _____ Phone Number _____

e-mail option _____

Address _____

City _____ State _____ Zip Code _____

License Plate Number _____ Ticket Number _____

Date Issued _____ Location _____

Please state the reason(s) why you think this ticket should be dismissed. Draw a diagram if necessary. Reverse side is available for use.

If this violation involves improper use of handicapped reserve spaces, please provide documentation that the vehicle and driver or occupant had a Massachusetts permit, and explain why it was not displayed on the date in question.

Signature _____ Date _____

Use of this form is not required by law. A signed letter may be submitted including the above information.

Appeals will be resolved through written communications whenever possible.

If a more formal hearing is requested, you will be contacted to schedule a convenient time and date.

The outcome of your appeal will be mailed to the above address.