



Hearing Officer
Everett City Hall
484 Broadway
Everett, Massachusetts
02149

WRITTEN REQUEST FOR APPEAL OF PARKING TICKET(S)

Select an option for your hearing type. *Please circle one*

In Person

Virtual (Facetime or Skype)

Mail

THIS FORM MUST BE ACCOMPANIED BY THE DISPUTED TICKET(S)

Pursuant to MGL Chapter 90 sec 20A, you are entitled to a request a hearing to dispute a parking ticket, provided your request is filed **no later than 21 days from the date of said violation.**

TICKET NUMBER(S) _____ Date _____

NAME _____ TEL# _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

REGISTRATION/PLATE # _____ EMAIL _____

PLEASE NOTE:

1. A ticket **WILL NOT** be dismissed if a Handicap Plate/Placard is found to be in violations of state and/or local ordinances not bound by the handicap laws.
2. A ticket **WILL NOT** be dismissed based on a claim that the vehicle was parked for a short period of time.

REASON FOR TICKET DISPUTE: (Please Print)
