



City of Revere
Office of the Parking Clerk
 300 Broadway
 Revere, Massachusetts 02151
 (Located inside of the Post Office Building)



This form must be accompanied by the disputed violation(s) and **must be submitted by mail or in-person to the above address within 21 days from the date of said violation.**

TO: PARKING CLERK, CITY OF REVERE

TODAY'S DATE: _____ REG. NO. & STATE: _____

TICKET NUMBER (S): _____

VIOLATION(S): _____

PRINT YOUR NAME: _____ Phone#: _____

YOUR STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

REASON FOR TICKET DISPUT _____

PLEASE CHECK ONE: I REQUEST MY HEARING TO BE CONDUCTED:

_____ **BY MAIL.** I DO NOT WISH TO COME TO A HEARING. I UNDERSTAND I WILL BE INFORMED OF THE HEARING OFFICER'S FINAL DECISION BY MAIL. **Please submit any evidence with this form and please sign below to confirm you understand there will be no follow-up after a decision is finalized.**

_____ **IN PERSON.** YOU WILL APPEAR THE DAY OF THE SCHEDULED HEARING. I ACKNOWLEDGE THAT I HAVE RECEIVED A HEARING NOTICE FOR THIS APPEAL. **Please submit any evidence with this form and please sign below to confirm you understand there will be no follow-up after a decision is finalized. Phone number/Contact information is REQUIRED for this option.**

EXAMPLES OF EVIDENCE: Copy of any online confirmation receipts, H/P Card, Vehicle Rental Agreement, Registration, Inspection Report, or a vehicle bill of sale.

SIGNATURE:

 Your signature confirms that all information provided on this form is accurate to the best of your knowledge and all relevance has been submitted *Please be advised of your right to judicial review from this decision of the Hearing Officer at Suffolk Superior Court House (3 Pemberton Square 12th Floor, Boston, MA 02108. Telephone: 617-788-8175) in accordance with M.G.L. c.30A, S14. *

