



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.

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 DISPUTE:

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 NOT BE CONTACTED. I'LL 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 Relevant evidence has been submitted

FOR OFFICE USE ONLY

Appeal received by mail _____ Appeal received over the counter _____

Office Signature: _____

Date: _____

PCO(s) Reasoning for ticket(s):

***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. ***