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: _____

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 BE INFORMED OF THE HEARING OFFICER'S FINAL DECISION BY MAIL.

_____IN PERSON. YOU WILL APPEAR THE DAY OF THE SCHEDULED HEARING. I ACKNOWLEDGE THAT I HAVE RECEIVED A HEARING NOTICE FOR THIS APPEAL.

SIGNATURE :

FOR OFFICE USE ONLY

Appeal received by mail_____ Appeal received over the counter_____

_____The ticket was validly issued.
_____The ticket was not validly issued.
_____I cannot determine whether the ticket was validly issued.

SIGNATURE: _____ DATE: _____