



**Police Department**  
119 Belmont Street  
Worcester, MA 01605  
Dispatch (508) 334-8568 | Fax (508) 334-5262

**Parking Violation Appeal**

Requests for hearing must be submitted for consideration with twenty-one (21) days of issuance of the violation. Completion of all data requested below will assist hearing officer to quickly respond to your request for appeal. Please attach the ticket to the appeal form for consideration.

**Ticket No.** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Violation Code:** \_\_\_\_\_

*Contact Information*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Vehicle Information*

**Registration No.** \_\_\_\_\_ **Registration State:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**REQUIRED: I wish to appeal the above stated ticket for the following reason(s):**

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**NOTICE:** You can assume that your appeal has been granted (judgement in your favor) unless you receive a written notification within 15 days that your appeal was denied.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_