TOWN OF WEST NEWBURY
PARKING CLERK
381 Main Street, West Newbury, MA 01985
Phone 978-363-1100 X113

PARKING TICKET APPEAL FORM

TICKET INFORMATION

TICKET #: ____________ (ON ENVELOPE)  DATE OF ISSUE: __________ TIME ISSUED: ________________

TYPE OF VIOLATION: ____________________ LOCATION OF VIOLATION: __________________________

INITIALS OR NUMBER OF ISSUING OFFICER: _______________ PENALTY: _______________________

VEHICLE INFORMATION

REGISTRATION #: ___________________________________ STATE OF REGISTRATION: __________

VEHICLE MAKE: __________________ TYPE: __________________ COLOR: ________________

REGISTERED OWNER’S NAME: ________________________________________________________________

(OPERATOR INFORMATION IF VEHICLE IS A RENTAL/LEASE)

ADDRESS: ______________________________________ CITY: __________________________

STATE: __________ ZIP CODE: __________ TELEPHONE: _____________________________

REASON FOR APPEAL

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

OPERATOR’S SIGNATURE __________________________ DATE __________________________

YOUR APPEAL WILL BE REVIEWED WITHIN TEN (10) DAYS. FOLLOWING THE REVIEW, A DECISION WILL BE FORWARD ED TO THE ADDRESS GIVEN ABOVE. YOUR FINE WILL NOT INCREASE DURING THE APPEAL PERIOD.

FOR OFFICE USE ONLY

□ DENIED

________________________
APPROVED BY

□ GRANTED

________________________
DATE