



CITY OF FITCHBURG
PARKING DEPARTMENT

PARKING VIOLATION APPEAL FORM

<u>License Plate #</u>	<u>State Registration:</u>	<u>Name:</u>
		<u>Address:</u>
<u>Date of Appeal:</u>	<u>Ticket #</u>	<u>City:</u>
		<u>State:</u> <u>Zip:</u>

To the Parking Clerk of the City of Fitchburg,
In accordance with MGL Chapter 90, Section 20A ½ -20E, I hereby appeal the above numbered alleged parking violation in the City of Fitchburg. After carefully considering the facts relating to this violation, I believe I have fair and just reason to appeal and obtain cancellation.

REASON (S) FOR APPEAL (Please write legibly. Use additional sheets if necessary):

EMAIL: _____

SIGNATURE: _____

.....
Your appeal has been reviewed. You are hereby advised: (see block checked)

- To pay the violation fee of \$ _____ within ten (10) days of issuance of this notice. Failure to comply in a timely manner will result in additional penalties (up to \$35.00) being added to the original violation fee, and notification to the Registry of Motor Vehicles for non-renewal of your license or registration.
- You have been found to be in violation of City parking regulations, but your penalty is waived. All future violations will stand.
- Based upon evidence provided, your appeal has been approved, no further action is required.

Hearing Officer Signature: _____

City of Fitchburg
718 Main Street
Fitchburg, MA 01420

Telephone 978-829-1830
Fax 978-829-1971

PARKING OFFICE USE ONLY

Date of return notice: _____

Amount Due by: _____

