



Town of Salisbury

Office of the Parking Clerk

5 Beach Road

Salisbury, MA 01952

p:(978) 462-7591 email: parkingclerk@salisburyma.gov

PARKING TICKET APPEAL FORM

Appeal must be made within 21 days of violation.

TICKET INFORMATION

TICKET # _____ DATE OF ISSUE: _____

TIME ISSUED: _____ VIOLATION # & DESCRIPTION: _____

LOCATION OF VIOLATION: _____

BADGE #: _____ FINE AMOUNT: _____

VEHICLE INFORMATION

PLATE # _____ STATE OF REGISTRATION: _____

VEHICLE MAKE AND MODEL: _____ COLOR: _____

REGISTERED OWNER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

REASON FOR APPEAL (PRINT CLEARLY)

(USE REVERSE IF NECESSARY)

OPERATOR'S SIGNATURE

DATE

Your appeal will be reviewed within ten (10) days. Following the review, a decision will be forwarded via mail or email. Your fine will not increase during the appeal period.

| | |
|----------------------------|-------------------|
| FOR OFFICE USE ONLY | |
| DENIED _____ | APPROVED BY _____ |
| GRANTED _____ | DATE _____ |