



# 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 \_\_\_\_\_