



Town of Salisbury, Massachusetts

Office of the Parking Clerk
5 Beach Road
Salisbury, MA 01952
(978) 462-7591

PARKING TICKET APPEAL FORM Appeal must be made within 21 days of violation.

TICKET INFORMATION

TICKET # _____ (on envelope) DATE OF ISSUE: _____
TIME ISSUED: _____ TYPE OF VIOLATION: _____
LOCATION OF VIOLATION: _____
INITIALS OF ISSUING OFFICER: _____ PENALTY: _____

VEHICLE INFORMATION

REGISTRATION # _____ STATE OF REGISTRATION: _____
VEHICLE MAKE AND MODEL: _____ COLOR: _____
REGISTERED OWNER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

REASON FOR APPEAL (PRINT CLEARLY)

OPERATOR'S SIGNATURE

DATE

Your appeal will be reviewed within ten (10) days. Following the review, a decision will be forwarded to the address given above. Your fine will not increase during the appeal period.

FOR OFFICE USE ONLY

DENIED _____

AUTHORIZED BY

GRANTED _____

DATE