



TOWN OF MERRIMAC PARKING CLERK

4 School Street, Merrimac, MA 01860
Phone 978-346-8862

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 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:

IN ADDITION TO YOUR STATEMENT, PLEASE ATTACH ANY ADDITIONAL SIGNED STATEMENTS, PHOTOS, DIAGRAMS, MAPS, AND ANY OTHER DOCUMENTS YOU WOULD LIKE CONSIDERED.

OPERATOR'S SIGNATURE

DATE

YOUR APPEAL WILL BE REVIEWED WITHIN 21 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	<input type="checkbox"/> DENIED	_____
	<input type="checkbox"/> GRANTED	_____
		APPROVED BY
		DATE