

TOWN OF SUDBURY  
OFFICE OF THE PARKING CLERK  
278 OLD SUDBURY ROAD  
SUDBURY, MA 01776  
(978) 639-3386

REQUEST FOR HEARING - must be appealed within 21 calendar days after the date of violation.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Ticket #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of Violation: \_\_\_\_\_

Registration #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

I wish to appeal this parking violation for the following reason(s).

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Your hearing will be conducted at the above address on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please present this copy to the hearings officer when you appear for your hearing.

If you choose to pay the violation prior to your hearing, please include this copy with your payment.

**FOR USE BY HEARINGS OFFICER ONLY**

Appeal Approved: \_\_\_\_\_

Appeal Denied: \_\_\_\_\_

Comments:

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