

Signature

## **CITY OF WORCESTER**

## **Municipal Hearing Officer**

Room 203, City Hall 455 Main Street Worcester, MA 01608

Massachusetts General Laws Chapter 90 § 20A½ allows individuals to appeal the issuance of **UNPAID** parking tickets. This must be done in writing. Use of this form is sufficient when submitting an appeal.

All appeals must be received by the Municipal Hearing Officer within 21 days of the date of the ticket issuance. **Payment of the ticket is an admission of the parking violation.** 

Municipal Hearing Officer's hours are Monday through Friday 8:00 AM - 5:00 PM (Parking Ticket Appeals received after 4:30 PM are processed the next business day). Once the Parking Administration Office receives the parking ticket appeal, the ticket is placed on "hold" and does not accumulate penalties for the duration of the appeal.

You will receive an answer by mail within 21 days. If you have any questions, please call (508) 799-8656.

Note - Please be sure to fill out all information completely and accurately. Fields marked with an asterisk (\*) are required. **Your Information: Registered Owner, if Different:** \*First Name First Name \*Last Name Last Name \*Street Address Street Address Apt. Number Apt. Number \*City/State City/State Zip Code \*Zip Code Phone Number Phone Number (xxx-xxx-xxxx) \*Email Address \*Ticket# (10 Characters) \*Location Example: Thomas St. near Main St. \*Plate State \*Plate Number (Do Not Include Spaces in Your License Plate Number) Example: ABC123 Meter Number (If Applicable) Please state the reason(s) you feel this ticket should be dismissed. Draw a diagram if necessary. Use Reverse Side If Necessary Evidence Video URL (If Applicable, Enter Link to Social Media Video File)

NOTE: Use of this form is not required by law. A signed letter may be submitted instead, but must include all of the above information. Disposition of this appeal will be given to the registered owner of the vehicle.

Date