

City of Revere Office of the Parking Clerk

Revere City Hall 281 Broadway Revere, Massachusetts 02151

This form must be accompanied by the disputed violation(s) and must be submitted by mail or in-person to the above address within 21 days from the date of said violation.

TO: PARKING CLERK, CITY OF REVI	FRE	
TODAY'S DATE:	REG. NO. & STATE:	
TICKET NUMBER (S):		
VIOLATION(S):		
PRINT YOUR NAME:		
YOUR STREET ADDRESS:		_
CITY, STATE, ZIP CODE:		
REASON FOR TICKET DISPUTE		
PLEASE CHECK ONE: I REQUEST MY H	EARING TO BE CONDUCTED:	•••
BY MAIL. I DO NOT WISH THE HEARING OFFICER'S FINAL DECISI	TO COME TO A HEARING. I UNDERSTAND I WILL BE INFORMED ON BY MAIL.)F
IN PERSON. YOU WILL APPETHAT I HAVE RECEIVED A HEARING NO	PEAR THE DAY OF THE SCHEDULED HEARING. I ACKNOWLEDGE DTICE FOR THIS APPEAL.	
SIGNATURE :		
FOR OFFICE USE ONLY		
Appeal received by mail	Appeal received over the counter	
The ticket was validly issuedThe ticket was not validly issueI cannot determine whether the		
SIGNATURE:	DATE:	