

## City of Revere

## Office of the Parking Clerk

300 Broadway
Revere, Massachusetts 02151
(located inside of the Post Office Building)

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.

IO: PARKING CLERK, CITY OF REVERE	
TODAY'S DATE:	REG. NO. & STATE:
TICKET NUMBER (S):	
VIOLATION(S):	
YOUR STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
REASON FOR TICKET DISPUTE	
	ING TO BE CONDUCTED:
	OME TO A HEARING. I UNDERSTAND I WILL BE INFORMED OF
	THE DAY OF THE SCHEDULED HEARING. I ACKNOWLEDGE
SIGNATURE :	
FOR OFFICE USE ONLY	
Appeal received by mail	Appeal received over the counter
The ticket was validly issuedThe ticket was not validly issuedI cannot determine whether the tic	cket was validly issued.
SIGNATURE:	DATE: