Attention Chad Luongo, Hearing Officer
Everett City Hall
484 Broadway
Everett, Massachusetts 02149
617-394-2253
Chad.Luongo@ci.everett.ma.us

WRITTEN REQUEST FOR APPEAL OF PARKING TICKET(S)

THIS FORM MUST BE ACCOMPANIED BY THE DISPUTED TICKET(S)

Pursuant to MGL Chapter 90 sec 20A, you are entitled to a request a hearing to dispute a parking ticket, provided your request is filed **no later than 21 days from the date of said violation.**

TICKET NUMBER(S) _____Date_____

NAME_____TEL#_____

ADDRESS_____APT#_____

CITY_____STATE_____ZIP CODE_____

REGISTRATION/PLATE #_____EMAIL_____

PLEASE NOTE:

1. *A ticket WILL NOT be dismissed if a Handicap Plate/Placard is found to be in violations of state and/or local ordinances not bound by the handicap laws.*
2. *A ticket WILL NOT be dismissed based on a claim that the vehicle was parked for a short period of time.*

REASON FOR TICKET DISPUTE: (Please Print)

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