



ENFORCEMENT COMPLAINT INTAKE FORM

Please Print Clearly

Thank you for sharing your concerns with the city of Lowell Parking Office. The information provided below will be carefully reviewed. It is important for you to know that your identity as the complainant is maintained confidentially. Please complete this form as thoroughly as possible.

General Info Needed:

Today's Date: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell: _____

E-Mail: _____

Vehicle License Plate Number: _____ Citation Number: _____

Nature of Complaint

What is this complaint about? (Circle one)

Enforcement Officer

Enforcement Rules

General Complaint

Is there any Audio or Video recording available? Y / N (Circle one)

What were the date(s) and time(s) that the incident(s) or problem(s) occurred?

Please describe what happened in detail. *(If additional space is needed please attach separate piece of paper.)*

Submit Application in person to: **City of Lowell Parking Department**

75 John St, Lowell, MA 01852 Hours: Mon. – Fri. 8:00am to 5:00pm

If you have any questions, contact the City of Lowell Parking Department at (978) 674-4017 or via email to parking@lowellma.gov.