CITY OF LOWELL
Animal Control Ticket Appeal Form

Office of the City Clerk
First Floor
375 Merrimack Street
Lowell, MA
01852

All appeals must be received by this office within 21 days of the date of the ticket issuance.

Name: Ticket #:	Social Security Number: (Required for reimbursement if appellant is found not responsible.)
Address:	
City/State: Zip Code:	
Phone: Email:	

Please state the reason(s) you feel this ticket should be dismissed.

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_____ _____
Signature Date

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.

FOR OFFICIAL USE ONLY

Appellant: _____ Ticket #:_____

To be completed by the City of Lowell Clerk's Office:

Date of appeal request	
Amount paid	$
Employee Initials	

To be completed by the Municipal Hearing Officer:

Date of Hearing	
Decision	Upheld Dismissed
MHO Signature	
Refund Amount	$