



PARKING TICKET APPEAL FORM

Please Print Clearly

Massachusetts General Laws Chapter 90 § 20A allows individuals to appeal the issuance of UNPAID parking tickets within 21 days of the issue date. This must be done in writing. Use of this form is sufficient when submitting an appeal. Completed forms should be sent to City of Lowell Parking Department, 75 John St., Lowell, MA 01852.

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

Use of this form is not required by law. A signed letter may be submitted instead, but must include all of the information requested below. Disposition of this appeal will be given to the registered owner of the vehicle.

Citation/Ticket Information

<i>Citation/Ticket Number:</i>	<i>Issue Date:</i>
<i>Location:</i>	<i>License Plate Number:</i>
<i>Name:</i>	<i>Name of Registered Owner (if different):</i>
<i>Address:</i>	<i>Address:</i>
<i>City/State:</i>	<i>City/State:</i>
<i>Zip Code:</i>	<i>Zip Code:</i>
<i>Phone:</i>	<i>Email:</i>

Hearing Preference (choose one)

Day Hearing

Night Hearing

Hearing By Mail

Dismissal Reason

(You must show good and sound reason why you feel this ticket should be dismissed. It is your responsibility to clearly state your case and to show and submit proof for your appeal. Use back side if necessary.)

Signature

Date