



# CITY OF MELROSE

OFFICE OF THE PARKING CLERK

P.O. BOX 760956, MELROSE, MA 02176

OFFICE: CITY HALL, 562 MAIN STREET, MELROSE, MA 02176

781-979-4144

**OFFICE HOURS**

Tuesday: 9am - 4pm

John J. Higgins  
Clerk

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## REQUEST FOR HEARING

THIS IS A HEARING REQUEST. IT MUST BE FILLED OUT COMPLETELY. YOU WILL RECEIVE NOTIFICATION AS TO DATE AND TIME OF THE HEARING. THIS FORM GIVES YOU AN OPTION TO BE PRESENT AT THE HEARING OR TO HAVE THE CASE DECIDED BASED ON THE INFORMATION YOU PROVIDE. A DECISION WILL BE MAILED TO YOU IF YOU DO NOT APPEAR AT THE HEARING.

*(Please print neatly)*

Name \_\_\_\_\_ Ticket # \_\_\_\_\_

Address \_\_\_\_\_ Registration # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Make of Car \_\_\_\_\_

PLEASE GIVE A BRIEF STATEMENT OF YOUR REASON FOR THIS DISPUTE

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*(You may use the back side for additional information)*

PLEASE CHECK ONE BOX ONLY

- I HEREBY REQUEST A HEARING ON THE ABOVE MENTIONED TICKET.
- I DO NOT WISH TO ATTEND A HEARING. PLEASE DECIDE THIS MATTER BASED ON THE ENCLOSED INFORMATION.

Signed \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date \_\_\_\_\_