

TOWN OF TRURO

P.O. Box 2030, Truro MA 02666 Tel: (508) 349-7004 Fax: (508) 349-5505

parkingclerk@truro-ma.gov

REQUEST FOR HEARING TO APPEAL PARKING TICKET*

(Must be received within 21 days of violation)

Date:		Q	D. CW. L.
Ticket #:	License Plate #:	State:	Date of Violation:
Location of Violation:violation occurred if you feel it's needed.		Use the reverse side of this form and draw a map of the location when	
I request a hea witnesses, pictures, o		o. 20A ½ (92A) passed in 1989	, you may submit signed statements from
REASON FOR APP	PEAL:		
Please print clearly	; use reverse side, if needed, for ex	xplanation.	
Beach Sticker # (if a	pplicable):Typ	e (Daily, Weekly, Seasonal, R	esident, Non-Resident):
Rental Vehicle Infor	mation		
		(name and address where	e rented)
NAME		Street Address	
(Print legibly)		(where vehicle is regis	stered)
Mailing Address		<u></u>	Co
		City Telephone Number:_	State Zip
City		Email address	
State	Zip		
		Signature (Written)	

*Chapter 90, Section 20A ½ Massachusetts General Laws - June 1990