



TOWN OF TRURO

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

REQUEST FOR HEARING TO APPEAL PARKING TICKET*

(Must be received within 21 days of violation)

Date: _____

Ticket #: _____ License Plate #: _____ State: _____ Date of Violation: _____

Location of Violation: _____ Use the reverse side of this form and draw a map of the location where violation occurred if you feel it's needed.

____ I request a hearing by mail. Under GL 90, Chap. 20A ½ (92A) passed in 1989, you may submit signed statements from witnesses, pictures, diagrams, etc. Notification of said hearing will be sent no later than 10 days after application has been received.

REASON FOR APPEAL: _____

Please print clearly; use reverse side, if needed, for explanation.

Beach Sticker # (if applicable): _____ Type (Daily, Weekly, Seasonal, Resident, Non-Resident): _____

Rental Vehicle Information _____
(name and address where rented)

NAME _____
(Print legibly)

Street Address _____
(Registration address)

Mailing Address _____

City _____ State _____ Zip _____

City _____

Telephone Number: _____

State _____ Zip _____

Signature (Written) _____

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