TOWN OF HULL

PARKING TICKET APPEAL FORM

Please complete this form, date it and staple your ORIGINAL ticket to the form. Please also include any evidence supporting your dispute. For example: pictures, handicap placards, parking stickers or visitor passes issued by the Town of Hull.

Please feel free to send me an e-mail at **mbennett@town.hull.ma.us**

Today's Date: _____

Name: _____

Hull Residential address:

_____

Mailing Address if different than above:

_____

E-Mail Address:

_____

(If we cannot decipher your email address a response will be sent by mail – please print legibly)

Best contact number: _____

Ticket # _____Registration# _____

Resident Restricted Sticker # _____ Bay Street Restricted Sticker # _____

Visitor Pass # _____ Homeowners name _____

Your written appeal should state your case clearly and concisely as to why you believe that you should not be held accountable to pay the parking ticket(s) that you are disputing. Be sure to include any supporting documents to support your appeal.

Nature of dispute:

_____

_____

_____

_____

_____

Please continue on the back page if needed →