

PARKING TICKET APPEAL FORM

Please complete this form, date it and staple your original ticket to the form.

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work or cell # _____

Ticket # _____ Registration # _____

Nature of dispute: _____

Municipal Sticker # _____ Restricted Sticker # _____

Visitor Pass # _____ Bay St. Permit # _____

Homeowner name on Visitor pass: _____

Year permit or pass was purchased: _____ Other: _____

For Office Use only:

Disposition: _____
