Deborah A. Clayman
City Clerk

City of Chelsea

OFFICE OF THE CITY CLERK
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Chelsea, MA 02150

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HEARING REQUEST FOR PARKING TICKET(S)

THIS FORM MUST BE ACCOMPANIED BY THE DISPUTED TICKET(S).

Pursuant to MGL Chapter 90 sec 20A, you are entitled to request a hearing to dispute a parking ticket, provided your request is filed no later than 21 days from the date of said violation.

TICKET NUMBER_____ DATE OF REQUEST _____

NAME_____

ADDRESS_____ TEL# _____

CITY/STATE/ZIP_____

REGISTRATION _____ EMAIL _____

Please check one: I request my hearing to be conducted:

____**By Letter** (Please list below the reasons why ticket should be dismissed and submit it, along with any evidence to support your claim. You will be informed of the decision by mail.)

____**In Person** (Hearings are scheduled on Tuesday evenings ONLY between the hours of 5PM and 7PM. You will receive notification of your hearing date by mail.)

Reason for Ticket Dispute_____

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