



City of Chelsea
PARKING DEPARTMENT
City Hall, 500 Broadway
Chelsea, MA 02150

Telephone: 617-466-4054
Fax: 617-466-4059

HEARING REQUEST FOR PARKING TICKET(S)

**THIS FORM MUST BE COMPLETED BY THE REGISTERED OWNER
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 file no later than 21 days after the date of said violation.

TICKET NUMBER(S) _____ DATE _____

NAME OF REGISTERED OWNER _____

ADDRESS _____ TEL# _____

CITY/STATE/ZIP _____

REGISTRATION _____ EMAIL _____

Please check one: I am the registered owner and request my hearing to be conducted:

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

In Person (You will receive notification of your hearing date and time by mail.)

Reason for Ticket Dispute _____

Signature of Registered Owner: _____