



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS

COLLECTOR'S DEPARTMENT
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Parking Ticket Hearing Request

(Effective Dec. 1, 2010, all hearings will be done in writing until further notice)

Today's Date: _____

Date of Ticket(s): _____

Ticket Number(s): _____

Plate Number: _____ State: _____

Registered Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Make of Car: _____ Color of Car: _____

Has the owner received any other parking violations in the past 12 months? _____

Reason for Appeal: Handicap Placard* _____ Resident Parking* _____ Other (please explain) _____
**(A copy of the handicap placard / resident parking permit must be attached to this form)*

Signature: _____