KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS
COLLECTOR'S DEPARTMENT
93 WASHINGTON STREET, ROOM 4
TEL. (978) 745-9595
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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: _____