



MARLBOROUGH

MASSACHUSETTS

Parking Clerk

Office of the Collector
City Hall • 140 Main Street • 1st Floor
Marlborough, Massachusetts 01752-3898

(PLEASE PRINT CLEARLY)

(PLEASE PRINT CLEARLY)

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone:	
Email:	

Date of Ticket:	
Ticket Number:	
License Plate Number:	
License Plate State:	
Vehicle Make:	
Vehicle Model:	
Vehicle Color:	
Vehicle Year:	

- Appeal request must be made within **21 calendar days** of the ticket date, **NO appeals** will be allowed outside of this time frame.
- You may request a **Hearing Appeal Decision by Mail** or **Appeal for a Hearing in Person**. Complete this form, and mail or deliver it to the address above. (If appealing by mail, enclose a detailed reason for your appeal.)

- | | |
|--|--|
| <input type="checkbox"/> Check here if requesting a hearing appeal decision by mail.
Please include a detailed reason for your appeal | <input type="checkbox"/> Check here if you are requesting a hearing appeal in person |
|--|--|

Detailed Reason for Appeal: (If additional room is needed please use the back of this sheet.)

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Hearing Date: _____, _____ / _____ / _____ at _____ AM/PM

Hearings are held on the 1st floor, City Hall, 140 Main St., Marlborough, MA 01752

(Failure to appear, will require full payment of the fine and any late fees.)

HEARING OFFICER'S DECISION ON YOUR APPEAL

- | | |
|--------------------------|--|
| <input type="checkbox"/> | You have been found responsible; your ticket must be paid within 7 days of your hearing date. |
| <input type="checkbox"/> | You have been found not responsible; no payment is due. |

Comments:

Tel: (508) 460-3737 • Email: ParkingClerk@Marlborough-MA.gov