City of Marlborough

MARLBOROUGH, MASSACHUSETTS 01752-3898

Parking Clerk
Office of the Collector
City Hall ▌ 140 Main Street ▌ 1st Floor

(PLEASE PRINT CLEARLY)

Name: _____

Address: _____

City/State/Zip: _____

Day Tel. ( ) ____ - _____ Eve. ( ) ____ - _____

(PLEASE PRINT CLEARLY)

License plate: _____

Ticket No. _____

Date of ticket: _____

Vehicle/color: _____

- Appeals must be requested within **21 days** of the ticket date.
- You may **APPEAL BY MAIL** or **APPEAL FOR A HEARING.** Complete this form, include the **original ticket**, and mail or deliver it to the address above. *(If appealing by **MAIL,** enclose reasons for your appeal.)*

☐ Check here if appealing by **MAIL** Be sure to include the **original ticket**.	☐ Check here if requesting a **HEARING** Be sure to include the **original ticket**.

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

▌ Your hearing is scheduled for Monday, _____, _____at 5:00 p.m.

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

(If you fail to appear, you must pay the fine and any late fees.)

HEARING OFFICER'S DECISION ON YOUR APPEAL

☐ **Your ticket must be paid within 7 days of this notice.**

☐ **Your ticket has been voided. No payment is due.**

Reason: _____

_____

TEL: 508/460-3770 ▌ FAX: 508/460-3698 ▌ EMAIL: parkingclerk@marlborough-ma.gov