



Department of Parking

City of Everett Appeal Form 484 Broadway, Everett, MA, 02149

Pursuant to MGL Chapter 90 sec 20A, you are entitled to request a hearing to dispute a parking ticket. This form must be accompanied by the dispute violation(s) **and must be submitted no later than 21 days from the date of violation (s).**

Response will be mailed to mailing address provided within 3 – 4 weeks from appeal date.

(PLEASE PRINT CLEARLY)

TODAY'S DATE: _____ PLATE # & STATE: _____

TICKET NUMBER (S): _____

PRINT NAME: _____ PHONE #: _____

YOUR MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE NOTE

- 1 A ticket **WILL NOT** be dismissed if a HANDICAP PLATE/PLACARD is found to be in violation of state and/or local ordinance not bound by the Handicap Laws.
- 2 A ticket **WILL NOT** be dismissed based on a claim that the vehicle was parked for a short period of time.

REASON FOR TICKET DISPUTE. (PLEASE PRINT CLEARLY)

If appealing online, please submit this form with any evidence to
Parking.Hearings@ci.everett.ma.us