



# 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.)

Check here if requesting a hearing appeal decision by mail. Please include a detailed reason for your appeal

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

- You have been found responsible; your ticket must be paid within **7 days** of your hearing date.
- You have been found not responsible; no payment is due.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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