

**The Park Plymouth Program**

Operated by the Plymouth Growth & Development Corporation  
40 Court St, Floor 1 Unit 1, Court Street  
Plymouth, MA 02360  
Phone: (508) 747-5929 Fax: (508) 747-5939

**Appeal request for a Parking Citation**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

STATE OF REGISTRATION \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_

PARKING VIOLATION NUMBER \_\_\_\_\_

CITATION DATE \_\_\_\_\_ DATE OF APPEAL REQUEST \_\_\_\_\_

Please provide an explanation of the event leading to the citation and your reasons for requesting an appeal. Please provide as much detail as possible if requesting a judgment by mail, if requesting an in-person hearing just a brief explanation will due.

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**OFFICER COMMENTS:**

\_\_\_\_\_  
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Please select (mark) one of the following regarding your appeal request

- (1) A judgment by the Parking Clerk sent by mail
- (2) An in-person hearing with the Parking Clerk  All in-person hearings are scheduled by the Parking Clerk. Customers receive information in advance from the Parking Clerk regarding date, time and location of the hearing.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please retain copies of this appeal for your records