

THIS IS A REQUEST FOR A HEARING. IT MUST BE FILLED OUT COMPLETELY. YOU WILL RECEIVE NOTIFICATION AS TO DATE AND TIME. THIS FORM GIVES YOU AN OPTION TO BE PRESENT AT THE HEARING OR HAVE THE CASE DECIDED BASED ON THE INFORMATION CONTAINED HEREIN. THE DECISION WILL BE MAILED TO YOU IN EITHER INSTANCE.

OFFICE OF THE PARKING CLERK  
MALDEN CITY HALL

(Please print neatly)

Name \_\_\_\_\_ Ticket # \_\_\_\_\_ Viol # \_\_\_\_\_  
Address \_\_\_\_\_ Registration # \_\_\_\_\_  
City \_\_\_\_\_ Make of Car \_\_\_\_\_  
Date of Violation \_\_\_\_\_ Location \_\_\_\_\_

(Please give a brief statement of reason for dispute)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You may use back side if necessary)

(Please check ONE only)

I HEREBY REQUEST A HEARING ON THE ABOVE MENTIONED TICKET  
(You will be informed of the date, time and place of your  
hearing by mail).

I DO NOT WISH TO COME TO A HEARING. PLEASE DECIDE THE  
MATTER ON THE ABOVE INFORMATION.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_