



# CITY OF ATTLEBORO, MASSACHUSETTS

## PARKING DEPARTMENT

GOVERNMENT CENTER

77 PARK STREET

ATTLEBORO, MASSACHUSETTS 02703

PHONE 508-223-2222 (EXT. 3160) ♦ E-MAIL: DPW@CITYOFATTLEBORO.US

CATHY REGO, PARKING CLERK

BARRY K. LACASSE, ESQ., HEARING OFFICER

Date: \_\_\_\_\_

### **RE: Parking Violation Appeal Procedure**

To contest a parking ticket issued by an Attleboro Parking Enforcement Officer or an Attleboro Police Officer, please complete and sign this form and return it the Parking Clerk's office at City Hall.

In accordance with Massachusetts General Laws, all parking violations must be paid within 21 days of issue. When the 21-day grace period has ended, additional late fees and penalties can and will be added in accordance with state and local laws.

Any appeal request received after 21 days from the date the violation was issued are held solely at the discretion of the hearing officer and may not be granted. All appeals must be in writing. Hearings will only be granted if your written appeal has been denied. Any appeal beyond this hearing must be filed with the Superior Court in accordance with Massachusetts General Laws, Chapter 30A, Section 14.

There is no "statute of limitations" for parking ticket debts. Violations are issued to the registered owner of the vehicle, who may or may not have been the driver at the time the ticket was issued.

1. If you are appealing the parking ticket(s) you received, follow these procedures:
    - a. Make a copy of the notice, mail with your written appeal with a self-addressed stamped envelope to the above address.
    - b. Your written appeal should state your case clearly and concisely as to why you believe that you should not be held accountable to pay the parking ticket(s) in dispute. Include any maps, drawings or photographs to support your case.
  2. Your written appeal will be answered within 21 days of receipt. You will not be charged any late fees during the appeal process.
  3. If your appeal is approved you will be notified in writing. No payment will be required.
  4. If your appeal is denied you will be notified in writing. Payment is required by the due date specified on the letter.
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### REQUEST FOR APPEAL/HEARING – PARKING VIOLATION

In accordance with Massachusetts General Laws Chapter 90, Section 20A ½, I hereby request a hearing with regard to the issuance of a parking ticket in the CITY OF ATTLEBORO.

*(Hearing request must be filed and received in the Parking Department within twenty-one (21) days of the issue date of the citation.)*

**Ticket Number(s):** \_\_\_\_\_

#### Vehicle Registration Information

Registration Number & State: _____
Name of Registered Owner: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Name of Person Filing Appeal (if different than registered owner): _____

#### Appeal Statement

I believe this ticket was issued in error because (use reverse side if necessary): _____ _____ _____ _____ _____
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#### OFFICIAL USE ONLY

**WAIVER DECISION:** \_\_\_\_\_ **(initials)**

Payment associated with said ticket(s) is/are WAIVED as a one-time occurrence. However, Applicant is asked to note that this/these ticket(s) is/are being WAIVED as a one-time occurrence. Future tickets issued for parking illegally in the City of Attleboro, FOR WHATEVER REASON, are required to be paid, unless documented evidence shows ticket issued in error, or appealed for judicial review at the Superior Court in accordance with M.G.L. c. 30A, § 14.

**TICKET ISSUED IN ERROR:** \_\_\_\_\_ **(initials)**

Reason: \_\_\_\_\_

**DENIAL DECISION:** \_\_\_\_\_ **(initials)**

Relief with regard to the payment of this/these ticket(s) is/are **DENIED**. Please be advised of your right to judicial review from this decision of the Parking Clerk at Superior Court in accordance with M.G.L. c. 30A, § 14.

Prior Waiver Granted: \_\_\_\_\_ **(initials)**

Lack of Supporting Evidence: \_\_\_\_\_ **(initials)**

Repeat Violations: \_\_\_\_\_ **(initials)**

Insufficient or Incomplete Information: \_\_\_\_\_ **(initials)**