



TOWN OF HOPKINTON
OFFICE OF THE PARKING CLERK/HEARING OFFICER
TOWN HALL
18 MAIN STREET
HOPKINTON, MA
parkingclerk@hopkintonma.gov
(508) 497-9700

REQUEST FOR HEARING

DATE: _____

NAME: _____

TICKET NUMBER: _____ STATE: _____

ADDRESS: _____

TYPE OF VIOLATION: _____

CITY/TOWN: _____

REGISTRATION #: _____ STATE: _____

STATE: _____ ZIP: _____

VEHICLE MAKE: _____ YEAR: _____

Tel. home #: _____ Tel. work/cell # _____ Email: _____

****Please use an additional piece of paper if needed, to explain Parking Violation Reason****
I WISH TO APPEAL THIS PARKING VIOLATION FOR THE FOLLOWING REASON (S): **

--For use of Parking Clerk Hearing Officer Only Please--
YOUR HEARING WILL BE CONDUCTED AT THE ABOVE ADDRESS IN ROOM _____

DATE: _____ TIME: _____

PLEASE PRESENT THIS COPY TO THE HEARING OFFICER WHEN YOU APPEAR FOR YOUR HEARING. IF YOU CHOOSE TO PAY THE VIOLATION PRIOR TO YOUR HEARING, PLEASE INCLUDE THIS COPY WITH YOUR PAYMENT.

FOR USE BY PARKING CLERK HEARING OFFICER ONLY

APPEAL APPROVED/DATE _____

APPEAL DENIED/DATE: _____

FAILURE TO APPEAR WILL RESULT IN DENIAL OF YOUR APPEAL