TOWN OF WESTON

OFFICE OF THE PARKING CLERK

APPLICATION FOR HEARING BY MAIL

(PARKING VIOLATIONS ONLY)

Name* # _____ **Ticket Number*#** [ ]

(please print legibly)

Address*# _____ **Registration Plate Number*** [ ]

City, State & Zip Code*# _____

Daytime Telephone Number* _____ **State*** [ ]

Cell phone # (if preferred) _____ **Ticket Date*** [ ]

Name of Vehicle Owner (If different) _____

Address _____

City, State & Zip Code _____

Location of Violation: [ ]

*** Required**

 # Any attached photographs, diagrams, maps, witness statements, or other supporting documents must be labelled with this information.

REASON(S) FOR APPEAL:

_____

*Signature**

PLEASE ATTACH TICKET OR NOTICE OF VIOLATION

FOR OFFICE USE ONLY:	DISPOSITION:
Date Received	COMMENTS:
Date Replied	

RETURN TO: Parking Clerk, Weston Town Hall, P.O. Box 378, Weston, MA 02493

(781) 893-7320 Ext. 309