



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM, MASSACHUSETTS

COLLECTOR'S DEPARTMENT
93 WASHINGTON STREET, ROOM 4
TEL. (978) 745-9595
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Parking Ticket Hearing Request

If you would like to appeal your parking ticket in person, hearings are held Tuesdays 10am – 2pm and Thursdays 3pm – 7pm

If you are unable to make it in person, please fill out this form.

Today's Date: _____

Date of Ticket(s): _____

Ticket Number(s): _____

Plate Number: _____ State: _____

Registered Owner: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Make of Car: _____ Color of Car: _____

Has the owner received any other parking violations in the past 12 months? _____

Reason for Appeal: Handicap Placard* _____ Resident Parking** _____ Other (please explain) _____

**A copy of the handicap placard must be attached to this form ** Must be verified by Collector's Office*

Signature: _____