

City of Malden



Massachusetts

Collector of Taxes
Office of the Parking Clerk
110 Pleasant St
Malden, MA 02148

Telephone (781) 397-7090
parking@cityofmalden.org

This is a request for a hearing to dispute a parking ticket. It must be filled out completely. You will receive notification as to date and time of hearing. This form gives you the option to be present at the hearing or have the case decided based on the information contained herein. If you are not present at the hearing, a decision letter will be mailed to the address provided.

Please print neatly.

Name _____ Ticket # _____ Viol# _____
Address _____ Registration # _____
City/State _____ Make of Car _____
Date of Ticket _____ Location _____
Email Address _____

Please give a brief statement of reason for dispute.
You may use back of paper if necessary.

Please check one box ONLY

<input type="checkbox"/>	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.)
<input type="checkbox"/>	I do not wish to come to a hearing. Please decide the matter on the above matter. (You will be informed by mail of the decision.)

Signed _____ Date _____ Phone# _____