



# TOWN OF FRANKLIN

OFFICE OF THE TREASURER-COLLECTOR/PARKING CLERK

P.O. Box 367 • Franklin, MA 02038-0367

Massachusetts General Laws Chapter 90 §20A.5 allows individuals to appeal the issuance of parking tickets. This must be done in writing. Use of this form is sufficient when submitting an appeal. Completed forms should be sent to the address listed above, or submitted in person at the Treasurer-Collector's Office. If you have any questions contact (508) 520-4950.

**This office must receive all appeals within 21 days of the date of the ticket issuance.**

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PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(At least one # is required) HOME/CELL WORK

Email: \_\_\_\_\_ @ \_\_\_\_\_  
(Optional)

Ticket #: \_\_\_\_\_ License Plate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Location: \_\_\_\_\_ Meter #: \_\_\_\_\_  
(If applicable)

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Please state the reason(s) you feel this ticket should be dismissed. Draw a diagram if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use reverse side if necessary)

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

NOTE: State law does not require use of this form. A signed letter may be submitted instead, but must include all of the above information.