



Dalton Police Department

462 Main Street
Dalton, Massachusetts 01226
413-684-0300



TOWN OF DALTON PARKING TICKET APPEAL/HEARING REQUEST

Must be requested within 21 days of the ticket being issued

Check one: _____ Appeal (written) _____ Hearing (In person)

Today's Date: _____ Parking Ticket #: _____

Name: _____ Signature of Applicant: _____

Address _____ City: _____ State: _____

Reason for Appealing/hearing request:

Use back if more space is needed

Mail to: Dalton Police Department
Parking Clerk
462 Main Street
Dalton MA 01226

Office Use Only: Prior Tickets: Outstanding Tickets:
Police Log: Registration Error:
Extraordinary Circumstances: INTIAL: _____
Official Use Only:

_____ Waiver Decision: Payment is WAIVED due to error, medical emergency or extraordinary circumstances. No payment is required

_____ Denial of Appeal: Payment is due on _____ to the address above by check or money order made out to the TOWN OF DALTON.

Hearing Officer: _____ Date: _____ Ticket# _____

Initial: _____