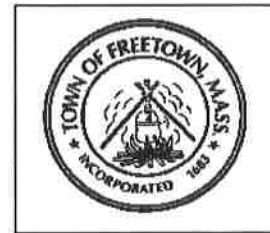


**Return Form & Original Parking Ticket To:**

**Parking Clerk  
TOWN OF FREETOWN  
P.O. Box 438  
3 North Main Street  
Assonet, MA 02702**



**TOWN OF FREETOWN  
PARKING VIOLATION APPEAL FORM**

Please provide the following information:

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**ADDRESS:** \_\_\_\_\_

**PHONE (Include Area Code):** \_\_\_\_\_

**REGISTRATION/PLATE NO.:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**NAME OF PERSON TO WHOM VEHICLE IS REGISTERED:**  
\_\_\_\_\_

**TICKET NO.:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_

**REASON FOR TICKET:** \_\_\_\_\_

**Please describe you reason for appeal:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please sign your name below**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_