



TOWN OF HOLDEN  
MASSACHUSETTS

REQUEST FOR PARKING TICKET HEARING

Please Print

DATE \_\_\_\_\_

REGISTERED OWNER OF VEHICLE \_\_\_\_\_

OWNER'S STREET ADDRESS \_\_\_\_\_

OWNER'S TOWN / STATE / ZIP \_\_\_\_\_

VEHICLE REGISTRATION  
NUMBER \_\_\_\_\_

DATE OF VIOLATION \_\_\_\_\_

TICKET NUMBER \_\_\_\_\_

VIOLATION NUMBER \_\_\_\_\_

**PLEASE NOTE:** UPON RECEIPT OF A REQUEST FOR A HEARING, NOTIFICATION OF THE DATE, TIME, AND PLACE OF THE HEARING WILL BE SENT TO THE REGISTERED OWNER OF THE VEHICLE.

**RETURN FORM TO:**

PARKING CLERK  
TOWN CLERK'S OFFICE  
TOWN HALL  
1196 MAIN STREET  
HOLDEN, MA 01520