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Office of the Parking Clerk
Salem State College
352 Lafayette Street
Salem, MA 01970

Request for Hearing

Today's Date ____ / ____ / ____

Name _____

Street Address _____

City/Town _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

Ticket Number _____ Date Issued ____ / ____ / ____

Type of Violation _____

Registration Number _____ State _____

Vehicle Make _____ Year _____

I wish to appeal this Parking Violation for the following reason(s):

Four horizontal lines for writing reasons for appeal.

Hearings are conducted on the first Thursday of every month between 9:00 a.m. - 12:00 noon at the Department of Public Safety.

REQUEST HEARING IN PERSON:

Please present this copy to the Parking Clerk when you appear for your hearing. If you should later choose to forego your hearing and pay the violation, please include this copy with your payment.

REQUEST HEARING BY MAIL:

Return form, citation, and all pertinent material to the Office of the Parking Clerk, Department of Public Safety. If you should later choose to forego your hearing and pay the violation, please include this copy with your payment.

For Use by Hearings Officer Only:

Appeal Approved Appeal Denied