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: INTIAL: ____________
Extraordinary Circumstances: 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: ________________