

**NORTH SHORE
COMMUNITY COLLEGE**



Office of the Parking Clerk

1 Ferncroft Road, P.O. Box 3340

Danvers, MA 01923-0840

Parking Violation Appeal Form

Date: _____

Name: _____

Address: _____

Phone: _____

Ticket Number: _____

DO NOT SEND TICKET WITH THIS APPEAL

Reason for Appeal: (Use back if necessary)

Signature of Appellant under penalties of perjury

NOTE: Appeals must be received or postmarked within twenty-one (21) days of the date of issuance. The Hearings Officer may schedule a hearing or make a determination based on the written facts and evidence submitted by the appellant within thirty (30) days of the receipt of the appeal. The Hearings Officer shall render a written decision that shall be final subject to further judicial review provided by section 14 of chapter 30A of the General Laws.

****HEARINGS OFFICER USE****

Date of Hearing/Determination: _____ Time: _____

Decision of Hearings Officer: ☐ Appeal Granted ☐ Appeal Declined

Remarks: _____

Signature of Hearings Officer

Date of Decision