



**TOWN OF HOLDEN  
MASSACHUSETTS**

**REQUEST FOR PARKING TICKET HEARING**

Please Print

DATE \_\_\_\_\_

REGISTERED OWNER OF VEHICLE

\_\_\_\_\_

OWNER'S 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