



Town of Lexington
Office of the Parking Clerk

PARKING TICKET APPEAL

ALL APPEAL REQUESTS MUST BE RECEIVED WITHIN 21 DAYS OF TICKET ISSUANCE.

Name: _____ Today's Date: _____
Street: _____ Telephone Number: _____
City: _____ State _____ Zip _____

Parking Ticket Information:

Ticket Number: _____ Date Issued: _____
Vehicle Make: _____ Color: _____ Year: _____
Plate Number: _____ State: _____
Parking Ticket Violation: _____

I wish to appeal this parking violation for the following reason(s):

(Please print or type. If additional space is needed, please use the reverse side of this form.)

Hearing Information: You may appeal this ticket in person or in writing.

Hearings are held on the first and third Friday of every month between 9:00 a.m. – 11:00 a.m.
(Excluding holidays.)

Hearings are held in: REED ROOM, 1st FLOOR, LEXINGTON TOWN OFFICE BUILDING
1625 MASSACHUSETTS AVENUE, LEXINGTON, MA

Written Appeals:

Please attach the ticket and any other materials you feel appropriate to this appeal form. (Keep copies for your records.) Please mail or hand-deliver this form to the TRAFFIC OFFICE (Police Department), 1575 Massachusetts Avenue, Lexington, MA 02420. A decision will be rendered within 21 days of appeal date.

(DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY.)

APPEAL HAS BEEN: _____ Approved, NO PAYMENT NECESSARY.
_____ Denied, PAYMENT IS DUE WITHIN 10 DAYS TO AVOID LATE FEE.
_____ Appeared in person – No notification necessary.

COMMENTS: _____

PARKING HEARINGS OFFICER: _____ Date: _____