



Town of Wayland
Office of the Parking Clerk
38 Cochituate Road
Wayland, Massachusetts 01778
Tel: (508) 358-4721
Fax: (508) 358-4730

PARKING TICKET APPEAL FORM

Date: _____
Name: _____
Address: _____
City/Town: _____ Zip: _____
Phone: (home) _____ (work) _____
Ticket # _____ Issue Date: _____
Vehicle Plate # _____
Vehicle Make: _____ Model year: _____

I wish to appeal the ticket cited above for the following reasons: (use the back of form if necessary)

A parking ticket appeal must be requested in writing and received by the Town within 21 days of the ticket issuance.

This appeal will be reviewed by the Parking Officer and, if necessary, by the Hearing Officer. Your attendance is not required at these proceedings. Your written appeal and/or your appearance before the Hearing Officer will be the information used in the appeal process. You will be notified of the result in writing. **Please be advised that the decision rendered by the Hearing Officer is the final Town decision on this appeal.**

During your appeal, no further collection action will be taken on your ticket.

Hearings are held at 10:00 AM on the first Thursday of the month of the (beginning in February). Hearings are held at the Wayland Police Department, 38 Cochituate Road Wayland.

Please return this completed form and your ticket to the above address.