



Town of Sterling

Parking Ticket Dispute Form

Parking Clerk
Town of Sterling
1 Park Street
Sterling, MA 01564

Or submit via email to
Faponte@sterling-ma.gov

Please Print Clearly

This is a request for a hearing to dispute a parking ticket. It must be filled out completely and submitted within 15 days of receiving your citation. You will receive notification as to date and time of hearing. This form gives you the option to be present at the hearing or to have the case decided based upon the information contained herein.

Name _____ Ticket# _____ Viol# _____

Address _____ Registration # _____

City/State _____ Make of Vehicle _____

Date of Ticket _____ Location _____

Email Address _____ Phone # _____

Please give a brief statement of reason for dispute. _____

Please check one box ONLY and choose method of contact.

<input type="checkbox"/>	I hereby request a hearing on the above mentioned ticket. Please inform me of the date, time and place of the hearing via Email, Phone or Mail. (circle one)
<input type="checkbox"/>	I do not wish to come to a hearing. Please make your decision using the supplied information. You will be informed of the decision via Email, Phone or Mail. (circle one)

Signed _____ Date _____

One Park Street, Butterick Building · Sterling MA 01564 · 978 422 8111 x2309 Fax 978-422-0289