

Date: _____

TO: Parking Clerk, Town of Wellfleet

I hereby request a review and disposition by mail of a parking violation in accordance with Chapter 90, Section 20A ½ of the Massachusetts General Laws; said parking ticket issued as follows: (list same as on violation)

Ticket Number _____

Motor Vehicle License Plate Number/State _____

Make & Color of Vehicle _____

Officer/Badge _____

Date & Time of Violation _____

Code of Violation _____

Location of Violation _____

Beach Sticker Number (if applicable) _____

Reasons for Challenging Parking Ticket _____

Please attach any supporting documentation such as signed statements of witnesses or other relevant parties, photographs, maps or diagrams.

I certify that I am the registered owner of the motor vehicle listed above.

Signature _____

Name _____

Mailing Address _____

**MUST BE SUBMITTED WITHIN TWENTY-ONE (21) DAYS OF VIOLATION
TO THE ADMINISTRATION OFFICE AT:**

**Town of Wellfleet
300 Main Street
Wellfleet, MA 02667**

**HEARINGS JUNE 23rd – SEPTEMBER 8th :
TUESDAYS 4:30 – 5:30 P.M.
POLICE STATION
36 GROSS HILL ROAD**