TO: Barnstable Parking Clerk **Approved:** ☐

RE: **WRITTEN APPEAL** – Parking Ticket Violation **Denied:** ☐

Name: _____ Ticket Number: _____

Mailing: _____ Registration: _____

Address:_____ Telephone: _____

One appeal per ticket; either in person or in writing. **ALL DECISIONS ARE FINAL.**

WRITTEN APPEAL STATEMENT:

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Signature

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Date