



Town of Cohasset – Parking Ticket Appeal Form

Parking Clerk
Town Hall
41 Highland Avenue
Cohasset, MA 02025

To Whom It May Concern:

I hereby wish to appeal ticket No. _____ issued on _____ (date)
for _____ (violation code/violation type) on vehicle registration number
_____.

My reason for appealing is as follows: _____

Signature

Name – type or print

Mailing address

Town Zip Code

Home Phone Cell Phone

Date of Appeal Filing: _____

****Before mailing in this appeal form, please confirm that your ticket is not 21 days past due and that you include a copy of your original ticket. For more information about ticket appeals and paying your ticket, please go to www.townofcohasset.org , go to Town Government and click on Parking Tickets.**

Office of the Parking Clerk, 41 Highland Avenue, Cohasset, MA 02025, Phone: 781.383.4105 Fax: 781.383.0228

For more information go to: www.townofcohasset.org click on Parking Tickets