

CITY OF HOLYOKE REQUEST TO APPEAL PARKING TICKET

| NAME: | |
|--|-------------------------|
| TICKET NUMBER : | DATE ISSUED: |
| YOUR ADDRESS: | |
| | |
| LICENSE PLATE: | |
| VEHICLE MAKE: | VEHICLE COLOR: |
| I wish to appeal this parking ticket for the | ne following reason(s): |
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536 DWIGHT STREET \cdot ROOM 13 \cdot HOLYOKE, MASSACHUSETTS 01040 - 5000

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