



Mayor Alex B. Morse

Katherine M. Jackowski

City of Holyoke

Collector of Taxes

Office Use Only
Your hearing is scheduled for:
Date: _____
Time: _____
In Person In Writing

Request to Appeal a Parking Ticket

Name _____ Ticket # _____ Date Issued _____

Address _____ City/Town _____ Zip Code _____

Registration # _____ Violation Code _____ Vehicle Make _____ Year _____

Telephone # _____

I wish to appeal this parking ticket for the following reason(s):
