TOWN OF BELMONT

19 Moore Street
Post Office Box 56
Belmont, Massachusetts 02478-0900

Email: fcarman@belmont-ma.gov

Town Treasurer
Tax Collector
(617) 993-2770
Parking Clerk
(617) 993-2770
Fax (617) 993-2771

APPLICATION TO CONTEST PARKING VIOLATION

Application Date: _____ **Violation #** _____
(Must be within 21 days of violation date)

Name and Address of Registered Owner:

_____

_____

_____

Email_____

ATTACH ORIGINAL OR PHOTOCOPY OF VIOLATION.

EXPLANATION FOR CONTESTING VIOLATION:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ **Daytime Telephone #**_____

Please attach copy of vehicle registration, HP placard or other supporting information if necessary.