



# City of Brockton

## Traffic Commission

ROBERT F. SULLIVAN  
MAYOR

CAPTAIN MARK PORCARO  
TRAFFIC COMMISSIONER

MICHELLE YAFFE  
PARKING CLERK

To: Parking Clerk, City of Brockton

DATE: \_\_\_\_\_

I hereby request a hearing before the Hearings Officer in accordance with Chapter 90, Section 20A of the Massachusetts General Laws to dispute a parking violation issued as follows: (List same as on violation)

TICKET NUMBER: \_\_\_\_\_

MAKE & MODEL OF VEHICLE: \_\_\_\_\_

DATE OF VIOLATION: \_\_\_\_\_

REGISTRATION: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ DOB: \_\_\_\_\_

LOCATION OF VIOLATION: \_\_\_\_\_

IF METER VIOLATION: TIME: \_\_\_\_\_ METER : \_\_\_\_\_

\*\*\*\*\*

(PLEASE PRINT)

REGISTERED OWNER:

DRIVER: (if applicable)

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY AND ZIP CODE \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_

(I CERTIFY THAT I AM THE REGISTERED OWNER OF THE MOTOR VEHICLE LISTED ABOVE)

\*\*\*YOU WILL RECEIVE A NOTICE IN THE MAIL WITH A DATE AND TIME TO APPEAR FOR YOUR HEARING\*\*\*

CITY HALL ■ 45 SCHOOL STREET ■ BROCKTON, MASSACHUSETTS 02301  
TEL: (508) 580-7807 FAX: (508) 580-7112

[traffic@cobma.us](mailto:traffic@cobma.us)