

RETURN FORM TO: TOWN OF BRIDGEWATER  
SELECTMEN'S OFFICE  
25 SOUTH STREET  
BRIDGEWATER, MA 02324



TOWN OF BRIDGEWATER  
PARKING VIOLATION APPEAL FORM

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Please complete the following information:

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS \_\_\_\_\_

PHONE Area Code ( ) \_\_\_\_\_

REG. NO. \_\_\_\_\_

NAME OF PERSON TO WHOM THE AUTO IS REGISTERED:  
\_\_\_\_\_

TICKET NO. \_\_\_\_\_

DATE TICKET WAS ISSUED \_\_\_\_\_

REASON FOR TICKET \_\_\_\_\_

Please describe below your reason for appeal:

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Please sign your name below

\_\_\_\_\_ Date \_\_\_\_\_