



Maynard Police Department

Chief Michael A. Noble

Request for Hearing

I hereby request a hearing for a parking ticket I received in the Town of Maynard.

Parking Ticket Number: _____

Date Received: _____

Violation: _____

Contact Information

Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

You will be notified by the Parking Clerk of the date and time of the hearing

For Office Use Only:

Attach a copy of the parking ticket. – Do not take the original.

Date and Time Received: ___ / ___ / ___ : ___ AM/PM

By: _____