



TOWN OF SWAMPSCOTT PARKING VIOLATION NOTICE HEARING REQUEST FORM

***To the Swampscott Parking Clerk:
I hereby request a hearing on the Parking Violation Notice that I recently received.***

First Name

Last Name

Street Address

City/Town

State

Zipcode

Phone Number

Email Address

Date of incident or situation

Parking Violation #

Location

License Plate #

Please attach the parking violation notice to this form and mail it to:

Swampscott Parking Clerk
22 Monument Ave.
Swampscott, MA 01907

**Parking violation hearings are held on Wednesdays at 10
am or 5 pm.**

You will receive a notice in the mail of your hearing date.

Signed: _____

Date: _____