



Town of Westport – Parking Ticket Appeal Form

Town of Westport Parking Clerk
816 Main Road
Westport, MA 02790

To Whom It May Concern:

I hereby wish to appeal Ticket # _____ issued on _____ (date)
on vehicle registration # _____. (Please include state)

My reason for appealing is as follows: _____

Signature

Name – Type or Print

Mailing Address

City or Town State ZipCode

Date of Appeal Filing: _____

** Before mailing this appeal form, please confirm that your ticket is not 21 days past due and that you included a copy of your original ticket. For more information about ticket appeals and paying your ticket, please go to www.westport-ma.com, go to Department and click on Parking Tickets.