

CITY OF FALL RIVER
TRAFFIC & PARKING DEPARTMENT

Paul E. Coogan
Mayor

Laura Ferreira
Municipal Hearing Officer

HEARING FORM

Date: _____

Plate Number# _____

Ticket Number# _____

NAME: _____

ADDRESS: _____

CITY/STATE: _____

TELEPHONE: _____

REASON FOR APPEAL:

SCHEDULED DATE: _____

SCHEDULED TIME: _____

PHONE HEARING: _____

IN PERSON: _____

PROCESSING FEE PAID: _____