



Sharon Parking Ticket Appeal

Date of violation: _____ Date of Appeal: _____
Appeal must be made within twenty-one (21) days of the issuance of the ticket.

Ticket #: _____ Vehicle Registration: _____

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Violation Code:

- | | |
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| 1. Restricted Place or Prohibited Area | 11. Overtime Parking |
| 2. Parking within ten (10) feet of hydrant | 12. Over One (1) foot from Curb |
| 3. Obstructing a driveway | 13. Wrong Direction |
| 4. Parking within twenty (20) feet of an intersecting way | 14. Obstructing a Crosswalk |
| 5. Snow Removal | 15. Obstructing a Sidewalk |
| 6. Public Safety Lanes | 16. All Night Parking |
| 7. Non-payment of \$2.00 fee | 17. Parking within a Bus Stop |
| 8. Unauthorized Parking in Reserved Parking Space | 18. Double Parking |
| 9. Valid Pass not displayed | 19. Non-payment of Established Parking Fee |
| 10. Obstructing Roadway | 20. Handicapped Parking |

Narrative: Please provide relevant information regarding the issuance of the ticket. (Location, circumstances, grounds for your appeal and any extenuating circumstances)