



City of Fall River Traffic & Parking Department Hearing Request Form

Ticket #: _____ **Date Issued:** _____

Plate #: _____

Type of Violation: _____

Vehicle Make: _____ **Vehicle Year:** _____

First Name: _____ **Last Name:** _____

Street Address: _____

City/Town: _____

State: _____ **Zipcode:** _____

Telephone #: _____

Reason for Appeal:

SCHEDULED DATE: _____

SCHEDULED TIME: _____

PHONE HEARING: _____

IN PERSON: _____