

PRINT LEGIBLY AND COMPLETE EVERY SECTION. INCOMPLETE FORMS WILL NOT BE ACCEPTED

VIOLATION CODE _____

LOCATION _____

VIOLATION # _____

ISSUANCE DATE _____

**CITY OF BOSTON
BOSTON TRANSPORTATION DEPARTMENT
OFFICE OF THE PARKING CLERK**

PARKING PLACARD VIOLATION AFFIDAVIT

OPERATOR'S NAME _____

DEPARTMENT NAME _____

MA REGISTRATION # _____

I, _____, presently hold the position of _____ with above City department. I submit this affidavit, along with any supporting documentation and the attached violation, which was placed on the above vehicle while in my possession during official City business.

The facts and circumstances surrounding the ticket issuance are as follows:

SIGNED UNDER THE PAINS AND
PENALTIES OF PERJURY

DATE _____

DEPARTMENTAL LIAISON NAME _____

DEPARTMENTAL LIAISON SIGNATURE _____ DATE _____

**AFFIDAVITS WILL NOT BE ACCEPTED 21 CALENDAR
DAYS AFTER THE DATE OF VIOLATION**