Boston Inspectional Services Department
Code Enforcement Division
1010 Massachusetts Avenue, 4th Floor
Boston, MA 02118 (617) 635-4896 Fax (617) 635-3218

TICKET INQUIRY FORM

Property Address:_____

Neighborhood:_____ Zip Code:_____

Parcel #_____ Ward: _____

Property Owner:_____

Address (if different)_____

City, State Zip Code: _____

Telephone #:_____ Cell#_____

Ticket numbers:_____

_____

Total Amount: $_____

Reason for Inquiry:_____

_____

_____

_____

Did you apply for an appeal? _____ Date of hearing:_____
If yes, please include a copy of the disposition form.

For claims regarding change of ownership, it is necessary to submit all supporting documentation to validate ownership at the time of the issuance of the citation.

If you are not the property owner, please provide the following information:

Name of Representative: _____

Relationship:_____Telephone#_____

Address:_____

Signature of Owner/Representative:_____

Date Submitted:_____