



**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 Number: _____ Ward: _____

Property Owner: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Ticket Numbers: _____

Total Amount: \$ _____

Reason for Inquiry:

Did you apply for an appeal? Yes No Date of hearing: _____

If you applied for an appeal, 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: _____ Phone: _____

Address: _____

Signature of Owner/Representative: _____

Date Submitted: _____