



**MASS. GENERAL LAWS c. 40U**  
**APPEAL OF MUNICIPAL HEARING OFFICER'S DECISION**

<p><b>MAIL or DELIVER TO:</b></p> <p style="text-align: center; color: red;"><b>Clerk Magistrate Worcester County Housing Court 225 Main Street Room 2400 Worcester, MA 01608</b></p>	<p><b>TO AVOID CITY PENALTIES / INTEREST / FINES While under Housing Court appeal, you <u>MUST</u> mail a copy of this form to:</b></p> <p style="text-align: center; color: red;"><b>Fitchburg Health Department Attn: Laura Wade City of Fitchburg Health Department 718 Main Street Fitchburg MA, 01420</b></p>
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**Plaintiff /  
Appellant:**

Name:
Address:
Phone #:
Email:
Attorney / Name & Address / BBO #:

**Defendant:**      *City of Fitchburg - Health Department*

<b>Date of Hearing Officer's Decision:</b>	<b>Date Filed in Housing Court:</b>
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**PLEASE LIST ALL VIOLATIONS TO BE APPEALED**

(If you need additional space, please list them on the back side)

Violation #	Violation Amount \$	Municipal Hearing Date

**This appeal form must be filed along with a copy of the Fitchburg Municipal Hearing Officer's Decision and a copy of the citation.**

**\*BOTH THE PLAINTIFF AND A REPRESENTATIVE OF THE DEFENDANT MUST APPEAR AT THIS COURT ON THE DATE AND TIME SPECIFIED.**

CHECK LIST – PLEASE FILL OUT COMPLETELY	YES	NO
Was your violation upheld for Failure to Appear? If yes, this citation may not be appealed.		
Are you submitting your appeal within the 10-day timeframe as required by M.G.L. C.40U, Sec 15?		
Did you provide City of Fitchburg / Municipal Inspections with notice of this appeal?		
Is a copy of the Municipal Hearings Officers decision attached?		

**\*Failure to fill out this form completely may prohibit your ability to schedule a hearing at Worcester Housing Court\***