



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

**MAIL or DELIVER TO:**

**Clerk Magistrate  
Worcester County Housing  
Court  
225 Main Street Room 2400  
Worcester, MA 01608**

**TO AVOID CITY PENALTIES / INTEREST /  
FINES While under Housing Court appeal,  
you MUST mail a copy of this form to:**

**Fitchburg Health Department  
Attn: Laura Wade  
City of Fitchburg Health Department  
718 Main Street  
Fitchburg MA, 01420**

**Plaintiff /  
Appellant:**

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

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

|  |   |
|--|---|
| <b>Date of Hearing<br/>Officer's Decision:</b> | <b>Date Filed in<br/>Housing Court:</b> |
|--|---|

**PLEASE LIST ALL VIOLATIONS TO BE APPEALED**

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

| <b>Violation #</b> | <b>Violation Amount \$</b> | <b>Municipal Hearing Date</b> |
|--------------------|----------------------------|-------------------------------|
|                    |                            |                               |
|                    |                            |                               |
|                    |                            |                               |
|                    |                            |                               |
|                    |                            |                               |

**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.**

| <b>CHECK LIST – PLEASE FILL OUT COMPLETELY</b>  |  | <b>YES</b> | <b>NO</b> |
|---|--|------------|-----------|
| 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\***