



# APPEAL FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address, con't: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Invoice Date: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
License Plate State: \_\_\_\_\_  
Invoice Number: \_\_\_\_\_

In accordance with 700 CMR 7.05(5)(b) and 700 CMR 11.06(5)(b), the registered owner or responsible party, where applicable, may, without waiving the right to a hearing before a Clerk as provided by 700 CMR 7.05(5)(c) and 700 CMR 11.06(5)(c), and also without waiving judicial review as provided by M.G.L. c. 30A, § 14, appeal the assessment of a toll, fine, fee or other penalty and receive a review and disposition from a Clerk by mail. The appeal by mail must comply with the provisions of 700 CMR 7.05(5)(b) and 700 CMR 11.06(5)(b). Written appeals submitted by mail must be received by MassDOT within 120 days of the date the charge first appears on the invoice or notice. The Clerk or other MassDOT designee shall, within 60 days of receipt of such material, review the material and dismiss or uphold the issuance of the notice and notify the registered owner or appelland of the disposition of the appeal in writing.

## 1) E-ZPass Customers

- Step 1: Verify that your E-ZPass account has a positive balance.
- Step 2: Verify that your correct license plate number, state and plate type are listed on your E-ZPass account

### A) If you are an E-ZPass MA account holder, provide the following:

E-ZPass MA Account Number: \_\_\_\_\_  
E-ZPass MA Transponder Number (found above the bar code): \*021 \_\_\_\_\_

If your appeal is accepted and you have a valid E-ZPass MA account with sufficient funds, your E-ZPass MA account will be charged all applicable Pay by Plate MA tolls and fees.

### B) If you are an E-ZPass account holder outside of Massachusetts:

Mail a copy of your current E-ZPass statement, which must include your name, address, transponder number, and vehicle plate information.

**Important Note: We will be unable to process your appeal without this documentation.**

## 2) Other Appeal Reason:

Provide a written statement below explaining the basis of your appeal, along with any supporting documentation.

### Mail or fax this signed form and required supporting documentation to:

Commonwealth of Massachusetts  
EZDriveMA Customer Service Center  
P.O. Box 8007  
Auburn, MA 01501-8007

Fax: 508-786-5222

**This form must be fully completed and signed for this appeal to be considered.**

\_\_\_\_\_  
(Signature) (Print Name) (Contact Phone Number) (Date)