

PARKING TICKET APPEAL FORM

ATTENTION - IMPORTANT

Explain clearly, completing all sections, and submit this form to the Office of Campus and Public Safety (or, if closed, the Information Center) upon completion. (Please print or type) **If this form is not properly completed, your appeal will be invalid.**

Name *Social Security Number*

Street *City* *State* *Zip*

Phone Number (including area code) *Today's Date*

Parking Violation Citation # *License Plate #* *Parking Sticker #*

Request: _____

Reason(s): _____

(continue on back as necessary)

For College use only:

Date Received: _____

Received by: _____

Action:

Dismissed

Sustained

Signature *Date*