

Parking Ticket Appeal Form

Name:

Date:

ID Number:

Ticket Number:

Local Address:

Date of Ticket:

Decal Number:

Plate Number:

Violation(s):

Local Phone Number:

Home Phone Number:

I recognize and acknowledge that the Appeals Committee is the final step in the appeal process. I agree to abide by the decision rendered by the Appeals Committee.

Nature of the appeal

- in the space below, state with clarity all the reasons and basis of the appeal.

I hereby certify that the above is a true and accurate statement of my appeal:

Signature:

** Please complete form on-line and send printed copy to Charles Bonin, Vice-President of Administration and Finance, Preble Hall. **