

PARKING APPEAL FORM

NAME _____

DATE OF BIRTH _____ TICKET NUMBER _____

EMAIL _____

- *The decision regarding your appeal will be communicated to you by email. Please fill in or print your email clearly.*
- *Please attach a copy of the ticket to this form.*
- *You must use additional forms if you are appealing more than one ticket.*

In the space provided, please indicate the reason for your appeal. Be as descriptive as possible when explaining the appeal. Attach an additional sheet(s), if needed.

REASON FOR APPEAL:

Mail or return the completed Parking Appeal Form to: Campus Police Department, Assumption University, 500 Salisbury Street, Worcester, MA 01609 within seven (7) days of issuance date, or your right to appeal will be forfeited.

Please refer to the Assumption University Parking and Traffic Regulations to answer any questions.

Signature: _____

Date: _____

**FOR OFFICE USE ONLY
TO BE COMPLETED BY CAMPUS POLICE
DECISION OF APPEALS BOARD IS FINAL**

Appeal Filed:

Appeal is:

Date: ____ / ____ / ____ a.m. / p.m.

 Granted Denied

Appeal Accepted By: _____

Hearing Date: ____ / ____ / ____ a.m. / p.m.