Please check one

[ ] Student

[ ] Faculty/Staff

[ ] Visitor

PARKING CITATION APPEAL FORM

DICKINSON COLLEGE DEPARTMENT OF PUBLIC SAFETY
(Attach a copy of Parking Citation)

Today's Date: _____Citation No. _____Citation date: _____

E-Mail Address	Vehicle License No.	State	Permit Type & Number
College ID #			
Name (Last) (First) (M)			Daytime Phone:
Registered Owner of Vehicle Name/Address (Name) (Street) (City) (State) (Zip Code)			

BASIS FOR APPEAL

Your written statement constitutes your only means to appeal your Dickinson College citation. In the space below, state with clarity all reasons and basis for appeal, keeping in mind that the petition may be denied for lack of information. Please write legibly and be very specific. Appeals must be made within seven (7) days of date of citation. A lost ticket, forgetfulness, parking for only a short period, failure to display parking permits, and/or not seeing the signs may not be acceptable grounds for appeal. Persons filing an appeal will be notified of the results of their appeal by e-mail. All information requested above must be provided or appeal will not be considered. Appeal only one (1) citation per form.

_____ _____

Signature of Petitioner Date

FOR OFFICIAL USE ONLY

Citation Waived _____ Appeal Denied _____ Date _____ Appeal Board Chair:_____