

# PARKING APPEAL FORM

DEPARTMENT OF SECURITY  
EASTERN GATEWAY COMMUNITY COLLEGE

Date of Violation \_\_\_\_\_

Date of Appeal \_\_\_\_\_

**\*ATTACH CITATION(S) TO APPEAL FORM\***

Citation Number \_\_\_\_\_

Permit Number \_\_\_\_\_

Name

\_\_\_\_\_  
(Last) (First) (Middle Initial)

Address

\_\_\_\_\_  
(Street) (City) (State/Box#) (Zip)

Please check appropriate box:  Faculty/Staff  Student  Visitor

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

## DESCRIPTION

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

The following are unacceptable appeals: lost ticket, parking for only a short period, failure to display permit, having flashers on, not seeing the signs, or not having time are unacceptable grounds for appeal. In the space below, state with clarity all reasons and basis for appeal. We recommend that you attach a diagram showing the manner that you were parked. *Please write legibly and be very specific.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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## DO NOT WRITE BELOW THIS LINE

Appeal Granted Conditions:  NO  YES

Results:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_