Smith College Department of Public Safety
Parking Citation Appeal Form

License Plate # ☐☐☐☐☐☐☐☐☐ State ☐☐ Parking Citation # ☐☐☐☐☐

First Name: ☐☐☐☐☐☐☐☐ Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip Code: ☐☐☐☐☐

Nature of Appeal – In the space below, state with clarity all reasons and basis for appeal.

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

Date _____ Signature _____

Please attach ticket to this form. Appeal must be filed within 7 days of issue date.

For the Committee only – **Do not write in this space.**
Appeal Granted: Yes ☐ No ☐

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Chair, Parking Appeals Committee