Smith College Department of Public Safety
Parking Citation Appeal Form

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

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

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

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

☐ Faculty
☐ Staff
☐ Student: Year _____
☐ Commuter: Year _____
☐ Ada Comstock: Year _____
☐ Alumnae
☐ SSW Faculty
☐ SSW Student
☐ Temp Worker
☐ Adjunct Teacher
☐ Five College Student
☐ Visitor
☐ Other _____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 (seven) days of issue date.

For the Committee only – Do not write in this space.

Appeal Granted: Yes ☐ No ☐ Citation History ☐

_____
Chair, Parking Appeals Committee Signature