



# Smith College



## CAMPUS POLICE PARKING CITATION APPEAL FORM

License Plate #  State  Parking Citation #

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address where you would like the appeal/denial letter sent to: \_\_\_\_\_

\_\_\_\_\_

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

Phone Number or Campus Extension: \_\_\_\_\_

- Faculty
- Staff
- Student: Year \_\_\_\_\_
- Commuter: Year \_\_\_\_\_
- Ada Comstock: Year \_\_\_\_\_
- Alumna/Alumnus
- SSW Faculty
- SSW Student
- Temp Employee
- Adjunct Faculty
- Five College Student
- Visitor
- Summer Employee
- Contractor
- Other

**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 (seven) days of issue date.**

