

Ticket Appeal Form

*Appeals must be submitted to the Office of Campus Safety within 7 days of the ticket date.
Attach ticket to this form.*

Ticket # _____ Date of Ticket: _____

Name: _____ PSC ID # _____

Reason for appeal: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Appeal to Director of Campus Safety

Approved Denied Reduced: _____

Date: _____ Signature: _____

Emailed: _____ Report Exec: _____

If appeal denied by Director of Campus Safety

Appeal to Parking Committee

Approved Denied Reduced: _____

Date: _____ Signature: _____

Emailed: _____ Report Exec: _____