Plattsburgh State University Police

PARKING APPEAL FORM

Appellant's Name: _____
(PLEASE PRINT)

Appellant's Address:_____

Appellant's Email Address:_____
(APPEAL RESULTS WILL BE SENT TO THIS EMAIL ADDRESS)

Today's Date: _____ (Appeal must be within two weeks of date ticket was issued.)

Please include all information. Appeal Form **WILL NOT** be processed with missing information.

Ticket Number(s):_____

Vehicle Plate Number: _____ State:_____

Date and Time of Ticket: _____

Location of Ticket Issuing: _____

Violation Recorded On Ticket: _____

APELLANT'S STATEMENT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Appellant's Signature: _____