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: ___________________________________