HAMPIONR COLLEGE
PARKING CITATION APPEAL

ALL APPEALS MUST BE SUBMITTED WITHIN SEVEN DAYS OF THE TICKET DATE

PLEASE PRINT INFORMATION CLEARLY

Appealer Name: __________________________ Class Year: ______ Phone: __________________________

Email: __________________________ CID#: __________________________

Campus or Local Address: __________________________

Registered Owner: __________________________ Vehicle Decal: __________________________

Vehicle Make & Model: __________________________

License Plate: State: __________________________ Plate Number: __________________________

APPEALING

☐ Ticket Only: Ticket #: __________________________ (attach copy of ticket to form if mailing/dropping off)

☐ Ticket & Tow Fee: Ticket #: __________________________ (attach copy of ticket & tow fee receipt - required)

I REQUEST A REVIEW OF THE CIRCUMSTANCES UNDER WHICH THIS CITATION WAS ISSUED:

____________________________________________________________________________________

____________________________________________________________________________________

I hereby certify that the above is a true and accurate statement of my appeal under penalties of the Hampshire College Honor Code and the parking rules & regulations. PLEASE NOTE THAT ALL DECISIONS OF THE APPEAL BOARD ARE FINAL.

Name of Appealer: __________________________ Date: ____________

Please mail or drop off completed form: Hampshire College Parking Office:
Dept. of Public Safety, 893 West Street, Amherst, MA 01002

DO NOT WRITE BELOW THIS LINE

APPEALS BOARD ACTION

☐ Ticket Appeal GRANTED

☐ Tow Fee Appeal GRANTED

☐ Ticket Appeal DENIED

☐ Tow Fee Appeal DENIED

Board Comments: __________________________