

Assumption College
Campus Police Department
500 Salisbury Street
Worcester, MA 01609
PARKING APPEAL FORM

Name _____

Dorm & Room # _____

Campus PO Box # _____

Telephone # _____

Ticket # _____

Please attach a copy of the ticket to this form. You must use additional forms if you are appealing more than one ticket.

In the space provided, please indicate the reason for your appeal. Be as descriptive as possible when explaining the appeal. (Attach an additional sheet(s), if needed. Mail or return the completed Parking Appeal Form to the Campus Police Department at the address listed above within **seven(7) days** of issuance date, or your right to appeal will be forfeited. Please refer to the Assumption College Parking and Traffic Regulations to answer **any** questions.

Reason For Appeal

Signature: _____

Date: _____

FOR OFFICE USE ONLY - TO BE COMPLETED BY CAMPUS POLICE - DECISION OF APPEALS BOARD IS FINAL

Appeal Filed:

Appeal is:

Date: ___/___/___ Time: _____ AM/PM ___ Granted ___ Denied

Appeal Accepted By: _____

Hearing Date: ___/___/___ _____ AM/PM