PARKING VIOLATION APPEAL FORM

NAME _________________________________ DATE ________________

CHOOSE ONE METHOD FOR CONTACT:

☐ LOCAL ADDRESS _________________________________ ☐ CAMPUS BOX _________

☐ E-MAIL ADDRESS _________________________________

KIND OF VIOLATION LOCATION TIME CITATION # DATE PLATE
________________________ _______ ________ ____________ __________
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PLEASE ATTACH TICKET AND STATE IN A SHORT PARAGRAPH YOUR REASON FOR APPEALING THE CITATION:

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FOR PARKING APPEALS COMMITTEE’S USE ONLY

WAIVED – CITATION # ________________________________ DATE ________________

NOT WAIVED – CITATION # ________________________________ DATE ________________

NO APPEALS WILL BE ACCEPTED AFTER 30 DAYS.

TO ARRANGE FOR A PERSONAL APPEAL, CALL 777-2279 (WRITTEN APPEAL MUST BE FILED FIRST).

** NOTE: THE APPEAL OF ANY TICKET DOES NOT PREVENT THE UNPAID FINE FROM DOUBLING OR LATE FEES BEING ADDED.

MAIL TO: BINGHAMTON UNIVERSITY
PARKING APPEALS COMMITTEE
PO BOX K
BINGHAMTON, NY 13902

NO POSTAGE IS NEEDED IF MAILED VIA INTER-CAMPUS MAIL.