Lycoming College Department of Safety and Security

Parking Ticket Appeal

Lycoming Student

Name: _____

Campus Box: _____ Room: _____

Date of Violation: _____

Ticket Number: _____

Vehicle Information

Plate: _____ State: _____

College Permit: _____

Non Student Information

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Host Name: _____

Note: Appeals from non-students will not be accepted without identification of a hosting student

Only one appeal will be accepted per violation. Submit all appeals in a timely manner to the Safety and Security Office in the lower level of Rich Hall to be reviewed by the Parking Committee. Written notification will be sent indicating the Committee's decisions. Print legibly. Attach violation to reverse.

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_____

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_____

_____

Continue on reverse

Signature: _____ Date: _____

Signature of Host: _____Date: _____

COMMITTEE USE ONLY:

Approve Deny Reduction: _____

Comments: _____

Updated 7/06/2010