FITCHBURG STATE COLLEGE

PARKING APPEAL

Explain your reason for appeal below. Keep the pink copy as your receipt and submit this form with the ticket to the Parking Clerk. You will be notified of the Hearing Officer's decision in writing as soon as possible.

Name: _____ Home Address: _____

FSC Box #: _____ Home City/State/Zip: _____

Ticket #: _____ Ticket Date: _____ Appeal Date: _____

Appeal: _____

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Signature: _____

Issuing Officer's Comments: _____

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Signature: _____

Hearing Officer's Comments: _____

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Date Reviewed: _____ Appeal Granted: _____ Appeal Denied: _____

Signature: _____

Designed and Printed by FSC Press PUB prkappl.doc 12/01