

Parking Ticket Appeal

1. Complete and submit this form within 15 business days from date of citation. A written statement of the reason for appeal is required. No appeal will be considered after the 15 business day period.
2. You have the option of filing your appeal as a verbal or written appeal.
3. Attach copy of citation to parking appeal form and submit to the Student Senate Office, Room U-100, located in the George L. Mathis Student Center. If you wish to appeal in person details will be provided at that time.
4. The decision of the committee may be appealed to the President of Cleveland State Community College.

PLEASE PRINT CLEARLY BELOW:

CHECK ONE:

Name: _____

Student Staff Faculty Visitor

Address: _____

CSCC Registration/Sticker Number: _____

City: _____ State: _____ Zip: _____

Student ID Number: N _____

I desire to appeal the following citation(s):

Citation Number	Citation Number	Appeals Committee Use Only	
		Your Appeal is:	
		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Reason for appeal: _____

Signature of Applicant: _____ Date: _____

Date of Notification: _____ Parking Ticket Appeals Chairman's Signature: _____

Committee Remarks: _____

