

Office Use Only
Date Received: _____
Appeal #: _____
In Comp: _____
Date Credited (if applicable): _____

MOUNT HOLYOKE COLLEGE
PARKING CITATION APPEAL

ALL APPEALS MUST BE SUBMITTED WITHIN SEVEN DAYS OF THE TICKET DATE

PLEASE PRINT INFORMATION CLEARLY

Appealer Name: _____ Class Year: [] Phone: []
 Email: [] CID#: []
 Campus or Local Address: _____
 MHC Registered Owner: [] Vehicle Decal: []
 Vehicle Make & Model: _____
 License Plate: State: _____ Plate Number: _____

APPEALING:

Ticket Only: Ticket #: [] (attach ticket to form if mailing/dropping off)
 Ticket & Tow Fee: Ticket #: [] (attach ticket & tow fee receipt - required)

I REQUEST A REVIEW OF THE CIRCUMSTANCES UNDER WHICH THIS CITATION WAS ISSUED:

I hereby certify that the above is a true and accurate statement of my appeal under penalties of the Mount Holyoke College Honor Code and the parking rules & regulations. PLEASE NOTE THAT ALL DECISIONS OF THE APPEAL BOARD ARE FINAL.

[]

Name of Appealer

_____ Date

Please mail or drop off completed form: Mount Holyoke College Parking Office, Central Services Complex, Mount Holyoke College, 50 College Street South Hadley MA 01075.

DO NOT WRITE BELOW THIS LINE

APPEALS BOARD ACTION

<input type="checkbox"/> Ticket Appeal GRANTED	<input type="checkbox"/> Ticket Appeal DENIED
<input type="checkbox"/> Tow Fee Appeal GRANTED	<input type="checkbox"/> Tow Fee Appeal DENIED

Board Commentss: