Assumption College
Campus Police Department
500 Salisbury Street, Worcester, MA 01609

Parking Appeal Form

Name:_____ Date of birth: _____(mm/dd/yyyy)

Please select how you wish to be contacted regarding the outcome of this appeal:

☐ Email : _____

☐ Text Message: _____
(not responsible for any cost associated with sending/receiving text messages)

Ticket #: ***please attach a copy of the ticket to this form. You must use additional forms if you are appealing more than one ticket.***

In the space provided, please indicate the reason for your appeal. Be as descriptive as possible when explaining the appeal. (Attach an additional sheets if needed) Mail or return the completed form to the Campus Police Department at the address listed above within **seven (7) days** of issuance date or your right to appeal will be forfeited. Please refer to the Assumption College Parking and Traffic Regulations to answer any questions.

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Signature:_____ Date:_____

FOR OFFICE USE ONLY - TO BE COMPLETED BY CAMPUS POLICE **DECISION OF APPEALS BOARD IS FINAL**

Appeal Filed:

Date: ____/____/____ Time: _____ AM/PM

Appeal Accepted By: _____

Hearing Date: ____/____/____ _____ AM/PM

Appeal is:

____ **GRANTED** ____ **DENIED**

PAF 02-21-03
Revised 11-29-18