LONGWOOD UNIVERSITY PARKING SERVICES

PARKING TICKET APPEAL FORM

Please complete this form in full. This appeal statement MUST be received within five (5) business days from the ticket date by the Parking Office or Longwood University Police Department. Please complete one form per ticket. **Attach the ticket to the back of this form.** Your signature represents your **Honor Code** statement of truth.

REMEMBER THAT THE DECISION OF THE APPEALS COMMITTEE IS **FINAL.**

Name: _____ Longwood L#: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

CIRCLE ONE: FRESH | SOPH. | JUNIOR | SENIOR | GRAD | F/S | VISITOR | PARENT
GCA | ARAMARK

RESIDENT STUDENT? YES NO COMMUTER STUDENT? YES NO

Ticket Number: _____ License Plate# _____

Please state your reason for this appeal: (Limit reason to 2 paragraphs.)

_____

_____

_____

_____

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_____

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_____

_____

Honor Code Signature: _____

FOR OFFICE USE ONLY

Date Received at Parking Services_____ By: _____

The Parking Appeals Committee will review your claim and will render a decision based on the information provided by you on this form. **Attachments, photos, receipts are acceptable for supporting your claim.** You will be contacted by mail with this decision. **DECISIONS ARE FINAL.**

Committee Meeting Date:

Ticket # _____ Issued on_____ is

Accepted Denied-Full Fine Denied-Reduced Fine