

Parking Appeal Form

Due to high volumes of appeals, print and make all entries clear. Unreadable appeals will be rejected & assumed guilty. **ATTACH SUMMONS TO THIS APPEAL FORM.**

Summons Number _____	Today's Date _____
Violation _____	Student ID Number _____
Place of Violation _____	Dormitory Room Number _____
Your Name _____	License Plate Number/State _____

NOTE: The University Police Department does NOT make any decisions on guilty or not guilty pleas.

Check One: Student Staff Visitor

Contractor or visitors, include address where final decisions should be forwarded.

I, _____, plead not guilty and reside: _____
_____, and hereby waive the right of a personal appearance
before the Parking Appeals Board or their designee(s) at SUNY Maritime College, and do hereby request the
Parking Appeals Board to DISMISS the above ticket(s) issued to this vehicle.

Appeal Basis: _____

Signature _____ Your not guilty plea is on file upon submitting this form.

Your reasons as indicated above are: Approved Not Guilty Disapproved Guilty, must pay fine

Board Representative:

Date of Appeal Decision _____

THIS FORM MUST BE SUBMITTED TO THE UNIVERSITY POLICE DEPARTMENT FOR PROCESSING WITHIN 14 DAYS OF THE TICKET/SUMMONS, IF A FORM IS RECEIVED AFTER THE 10 BUSINESS DAY DEADLINE OR SUBMITTED TO ANYONE ELSE, THIS APPEAL WILL NOT BE CONSIDERED.

ALL DECISIONS OF THE HEARING BOARD ARE BINDING AND FINAL.

University Police