

Parking Appeal Form

Due to the high volume of appeals, print and make all entries clearly legible. Unreadable appeals will be rejected and 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 _____

EMAIL ADDRESS: _____

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

Check One:

☐

Student

☐

Staff

☐

Visitor/Contractor

Contractors or visitors, include address where final decision should be forwarded

I, _____, plead not guilty and reside (**home address**) _____

_____, and hereby would like to appear in person ☐ or 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 of this form.

Your reasons as indicated above are:

Approve

☐

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