ATTACH TICKET HERE **PLEASE PRINT**

Pensacola State College
Parking Ticket Appeal Form

Appeal Information

Today's date: _____

Check one:

Student ☐ **Student number:** _____ Employee ☐ **Employee number:** _____ **Pirate email address:** _____

Name: _____

Address: _____

Number and Street City, State, Zip Code

Phone number: _____ **Major:** _____ **Campus:** _____

How many terms have you attended? _____ **Freshman:** _____ **Sophomore:** _____

Ticket number: _____ **Decal number:** _____ **Date ticket was received:** _____

NOTICE: You are bound by the Student Code of Conduct. Perjury, lying, forgery, and alterations of documents are violations of this code and may result in a Student Conduct Hearing.

Briefly explain why you feel your appeal should be granted:

_____

_____

_____

_____

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_____

_____ _____

Student/Employee Signature Date

Please return this form to the Pensacola State College Public Safety/Police Department to be forwarded to the Pensacola Campus (Chief of Police). Thank you.

OFFICE USE ONLY

Date appeal received: _____ **Date heard:** _____ **Decision:** Approved ☐ Denied ☐

Date Student/Employee was notified: _____ **Officer:** _____ **Staff Member:** _____

Signature Signature

Reason for Approval or Denial:

_____

_____

_____

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