

Parking Citation Appeal

Mercy College, Attn: Safety and Security Department

Please print clearly. Driver of Vehicle must complete all requested information. Refer to the citation for details to fill in the form.

Important information

Appeals must be filled within 10 days of the citation issued date or the appeal is not eligible.

Up to three citations on this form.	Citation 8 Digit Number(s)	Citation Date	Penalty Amount
			\$
			\$
			\$

Today's date (mm/dd/yyyy): _____ Is this your first appeal? YES NO

Driver's Last Name	First name	Initial	Student ID #:
Address: number and street		Apt. number	License Plate #: _____ State: _____
City, State	ZIP Code:	Day phone number ()	Evening phone number ()

Please type or print your appeal below. If you need additional space, use the back of this form.

I understand that it is my responsibility to check on the status of my appeal and that I will not be notified by the College. I certify that to the best of my knowledge all statements on this form are true.

X

Driver's Signature

Date

SAFETY & SECURITY DEPARTMENT USE ONLY	
Action Taken: <input type="checkbox"/> Reduced _____ <input type="checkbox"/> Suspended with warning <input type="checkbox"/> Stands <input type="checkbox"/> Dismissed	
<input type="checkbox"/> A Valid Parking Permit Is Mandatory, Must Be Properly Displayed	
<input type="checkbox"/>	
Additional Comments:	X _____ Signature
	_____ Date
	X _____ Driver's Signature After Review
	_____ Date
<input type="checkbox"/> See Photos Attached	