



Utica College Traffic and Parking Appeal

Name _____

Phone # _____ Email _____

Ticket # _____ Parking Permit # _____

License Plate # _____ State _____.

(Please provide specific and verifiable facts that may substantiate your appeal).

I hereby certify that the above is a true and accurate statement. By signing this form, I understand that the decision arrived at by the Appeals Committee is FINAL and will not be revisited.

Signature _____ Date _____

Parking Appeals Committee Decision

Chairperson, Parking Appeals Committee Date