BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

PARKING VIOLATION APPEAL FORM

NAME ____ **DATE** ____________________

CHOOSE ONE METHOD FOR CONTACT:

❑ LOCAL ADDRESS ______________________________ ❑ CAMPUS BOX ____________

❑ E-MAIL ADDRESS ____

KIND OF VIOLATION	LOCATION	TIME	CITATION #	DATE	PLATE

PLEASE ***ATTACH TICKET*** AND STATE IN A SHORT PARAGRAPH YOUR REASON FOR APPEALING THE CITATION:

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FOR PARKING APPEALS COMMITTEE'S USE ONLY

WAIVED – CITATION # ______________________________ DATE ______________

NOT WAIVED – CITATION # ___________________________ DATE ______________

NO APPEALS WILL BE ACCEPTED AFTER **14 DAYS**.

TO ARRANGE FOR A PERSONAL APPEAL, CALL 777-2279 (WRITTEN APPEAL MUST BE FILED FIRST).

**** NOTE:** THE APPEAL OF ANY TICKET DOES NOT PREVENT THE UNPAID FINE FROM DOUBLING OR LATE FEES BEING ADDED.

MAIL TO: BINGHAMTON UNIVERSITY
PARKING APPEALS COMMITTEE
PO BOX K
BINGHAMTON, NY 13902

NO POSTAGE IS NEEDED IF MAILED VIA INTER-CAMPUS MAIL.