

Springfield Technical Community College Police Department

Non Emergency Calls (413) 755-4220 Emergency Calls (413) 755 - 3911

Building 9
1 Armory Sq.
Springfield, Ma 01102

PARKING CITATION APPEAL FORM

Directions	STEP 1	- MAILING ADDRESS		STEP 2 - APPEAL # (Check One)	
Please Note: A parking appeal must	Name:			1st Appeal	
be made no later than (7) seven days	Street:			2nd Appeal	
after the citation was issued	City:			Personal Appeal	
	State:				
Complete Steps 1 to 4 on this page.	Zip:				
Mail this form and citation to:	STEP 3 - OTHER INFORMATION				
Parking Appeals Committee	License Plate:		De	cal # :	
Suite 1 PO Box 9000	Vehicle Make:		Ass	Assigned Lot :	
Springfield, Ma. 01102	Citation #:		Da	Date of Citation:	
	STEP 4 - 9	STATEMENT OF APPEA	\L		
In the space below, please state with clarity yo the appeal. We recommend that you attach a manner in which you were parked. You will be notified by copy of the Appeals	diagram showing the	term parking, failure to	display the p	judgment, absentmindedness, short ermit and or not seeing the parking eptable grounds for an appeal	
Signature:				Date:	
500.0	I hereby certify the	at the above is a true and	d accurate st	atement of my appeal.	
FOR C	OMMITTEE USE OF	NLY - DO NOT WRITE B	ELOW THIS	LINE	
Appeal Granted Yes	No	Date of Meeting	D	ate Mailed	
Basis					
Fine Amount \$					
Rec'd by Faculty Date Staff	Student Visitor		<u>Chair,</u>	Parking Appeals Committee	
		1			