Springfield Technical Community College Police Department

Non Emergency Calls (413) 755-4220
Emergency Calls (413) 755 - 3911
Building 11
1 Armory Sq.
Springfield, Ma 01102

PARKING CITATION APPEAL FORM

Directions

Please Note: A parking appeal must be made no later than (7) seven days after the citation was issued

1. Complete Steps 1 to 4 on this page.
2. **Mail** this form and citation to:
Parking Appeals Committee
Suite 1
PO Box 9000
Springfield, Ma. 01102

STEP 1 - MAILING ADDRESS

Name:
Street:
City:
State:
Zip:

STEP 2 - APPEAL # (Check One)

	1st Appeal
	2nd Appeal
	Personal Appeal

STEP 3 - OTHER INFORMATION

License Plate:	Decal # :
Vehicle Make:	Assigned Lot :
Citation # :	Date of Citation:

STEP 4 - STATEMENT OF APPEAL

In the space below, please state with clarity your basis and reason for the appeal. We recommend that you attach a diagram showing the manner in which you were parked.
You will be notified by copy of the Appeals Committee's decision

PLEASE NOTE: A lost permit, poor judgment, absentmindedness, short term parking, failure to display the permit and or not seeing the parking enforcement signs are not acceptable grounds for an appeal

Signature: Date:

I hereby certify that the above is a true and accurate statement of my appeal.

FOR COMMITTEE USE ONLY - DO NOT WRITE BELOW THIS LINE

Appeal Granted Yes No Date of Meeting Date Mailed

Basis

Fine Amount $

Rec'd by _____ Faculty _____ Student
Date _____ Staff _____ Visitor

Chair, Parking Appeals Committee