

Hillsdale College
Parking Ticket Appeal Form

Name _____ Student ID Number _____

Campus/Local Address _____ Vehicle License Plate Number _____

Ticket Number _____ Date of Ticket _____

1. Is your car registered with the Security Office? Yes No
2. Was your registration sticker visible and affixed to the window? Yes No
3. Did you park in a zone not reserved for students? Yes No
4. Did you have your vehicle on campus for more than five days? Yes No
5. Did you obtain a temporary parking permit? Yes No
6. Did you park along a yellow line? Yes No
7. Did you park on a grass or lawn area? Yes No
8. Did you occupy two parking spaces? Yes No
9. Did you park in a space reserved for others? Yes No
10. Why are you appealing this ticket? _____

Signature _____ Date of Appeal _____

DO NOT WRITE BELOW THIS LINE

.....

Security Director's Comments _____

Appeal Rejected _____ Appeal Upheld _____ Signature _____

Comments of the Appeal Authority _____ Appeal Authority

