



Parking Ticket 2<sup>nd</sup> Appeal

Appeal to the Campus Judicial Committee  
(Use this form after Initial Appeal is denied)

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

Student College E-Mail Address \_\_\_\_\_

Ticket # \_\_\_\_\_ Ticket Date \_\_\_\_\_

Violation: \_\_\_\_\_

Reason for 2<sup>nd</sup> Appeal

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to the Business Office.