

**GRAMBLING STATE UNIVERSITY
PARKING VIOLATION APPEAL FORM**

APPELLANT INFORMATION-PLEASE PRINT-This will be used to mail your decision. **Please attach ticket**

Social Security No _____ Today's Date _____

Citation No _____ License Plate (_____) _____

Violation _____ Phone No (_____) _____

_____ Permit# _____

Name _____

Street/P O Box _____

_____ I would like to appear before the
Parking Appeals Committee

City _____ State _____ Zip _____

_____ Student

_____ Faculty

_____ Staff

THIS APPEAL CANNOT BE PROCESSED IF FORM IS INCOMPLETE

BASIS FOR APPEAL-In the space below, state with clarity all reasons and basis for appeal. Please print clearly

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

Signature _____

Date _____

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

_____ Denied

_____ Granted

_____ Granted with the following conditions
