

BOWDOIN COLLEGE SECURITY

PARKING VIOLATION APPEAL FORM

Last		First	MI
Student Smith Union Box #	ID Number		Campus Phone #
Bowdoin Permit #	License Plate # including State		Year: Color: Make: Model

STAFF/HOME ADDRESS:

Street	City	State
Zip Code	Home Phone #	

Please describe briefly, the reasons for appealing the attached citation.

I recognize and acknowledge that the Appeal Committee is the final step in the appeal process. I agree to abide by the decision rendered by the Appeals Committee.

Signature: _____ Date: _____

APPEAL COMMITTEE DECISION BELOW:

Appeal Granted:	This parking citation will be: Voided	This parking citation will be: Lowered	
Appeal Denied:	This parking citation Will stand as is		Ticket #: