



# Framingham State University

## OFFICE OF THE PARKING CLERK REQUEST FOR TICKET APPEAL OR HEARING

Today's Date: \_\_\_/\_\_\_/\_\_\_

Ticket #: \_\_\_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_

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

Vehicle State: \_\_\_\_\_

Vehicle Plate #: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
street city/town zip

Campus \_\_\_\_\_  
Home \_\_\_\_\_

Telephone #: \_\_\_\_\_

**ALL PARKING TICKET APPEALS MUST BE SUBMITTED WITHIN 21 DAYS  
FROM ISSUE DATE, OR THEY WILL BE AUTOMATICALLY DENIED.**

All information must be completed before submitting this request form to Campus Police or the Office of the Parking Clerk. Inquiries regarding the appeals process can be made at the Office of the Parking Clerk, Peirce Hall (508) 626-4526. **Parking ticket must accompany this form.**

I wish to appeal this ticket for the following reasons:

Type or print legibly.

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Signature: \_\_\_\_\_ Print name \_\_\_\_\_