For Office Use Only

Result of Appeal

☐ **Denied by Board**

Please pay Violation at Bursar's Office or Security.

☐ **Appeal Accepted**

No Payment Necessary.

☐ **Denied**

Appeal Form not complete. Please pay Violation.

The College of Saint Rose
Department of Safety and Security
Parking Office

Albany, New York 12203
(518) 454-5187

For Office Use Only

Date Rec'd_____ By_____

Date Reviewed_____

Prior Violations:

Parking Violation Appeal Form

Please Print Your Name and Address or St. Rose P.O. Box # Below:

Name:
Address:
City/State/Zip:

To be reviewed, all sections of this form **must** be complete and the ticket must be attached.

Return both copies of this form to the Campus Security Office at 340 Western Ave.

You may attach additional sheets as necessary.

ALL APPEAL BOARD DECISIONS ARE FINAL

Vehicle Information	**License Plate**	**State**	**Permit Number**	***Ticket Information***	**Ticket Number**		**Ticket Date**
Saint Rose ID:			**Owner Information (select one)**	**Staff** ☐	**Commuter** ☐	**Resident** ☐	**Visitor/Other** ☐

Statement of Appeal:

Appeals will not be granted for the following reasons:

1. "I was only there for 5 minutes"
2. "I never got a ticket there before"
3. "Everyone else parked there"
4. "I was already late and couldn't find anywhere else to park"

Signature	**Student/Employee ID Number**	**Date**

Appeals Board Comments: