



SOUTH PUGET SOUND
COMMUNITY COLLEGE

PARKING APPEAL

COMPLETE THIS FORM AND RETURN IT TO THE SECURITY OFFICE OR MAIL IT TO THE ADDRESS LISTED BELOW. IT WILL BE FORWARDED TO THE APPROPRIATE PERSON. YOU WILL BE CONTACTED BY TELEPHONE OR IN WRITING WHETHER YOUR APPEAL HAS BEEN GRANTED.

Name (PRINT) _____ Phone Number _____

Address _____ City _____ Zip _____

Student/Staff ID # _____

Vehicle License Number _____ Vehicle Make _____

Date of Appeal _____ Citation Date _____ Violation Number _____

APPEAL: _____

