**Important Notice:** **Tickets are non-appealable after the 10th day of issuance. All appeals must be completely filled out before submittal. Incomplete appeal forms, or appeals submitted after the 10th day of issuance, will not be accepted.**

Thomas Nelson COMMUNITY COLLEGE

# PARKING VIOLATION APPEAL

**Appeal Information:** *(print only black or blue ink)* **Date:**

| | | |
|---|---|---|
| **First Name:** | **MI:** | **Last Name:** |
| **Street Address:** | | **City State Zip:** |
| **Home Phone Number:** | | **Work Phone Number:** |
| **EmplID:** | **License Plate Number/State:** | **Decal Number:** |
| **Date(s) of Ticket:** | **Ticket Number(s):** | **Violation Description:** |

**REASON FOR APPEAL:** ***(Attach additional pages if needed and a copy of ticket must be included.)***

_____

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_____

Signature:

**Official Use Only:** *(To be completed by Parking Office)*

**Initial:**

| | |
|---|---|
| **Student: Yes No**<br>**Employee: Yes No**<br>**Visitor: Yes No** | **If Student/Employee EmplID:** |
| **Decal: Yes No**<br>**Number/Date:** | **Outstanding Ticket(s):** |

**Appeals Committee Use Only:**

| |
|---|
| **Appeal Decision: Denied/Waived/Warning/Reduced (*amount) $*_____** |

Form# Appeal004