AL#: _____

Date: _____

Office Use Only

Bridgewater State College
Parking Services and Connect Card Office

PARKING TICKET APPEAL FORM

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip

E-MAIL ADDRESS: _____

PHONE: _____ **SS#** _____
Daytime Telephone Number

VEHICLE LICENSE PLATE NUMBER:_____ **STATE**:_____

OWNER'S NAME:_____

TICKET #: _____ **DATE ISSUED**:_____

PLEASE DESCRIBE YOUR REASONS FOR APPEAL:

SIGNATURE:_____ **DATE**:_____

PLEASE SUBMIT THIS FORM ALONG WITH THE ORIGINAL TICKET TO:

PARKING SERVICES AND CONNECT CARD OFFICE
ROOM 10 – HUNT HALL
BRIDGEWATER STATE COLLEGE
BRIDGEWATER, MA 02325
ATTN: APPEALS
(508) 531-1773