



**PARKING VIOLATION APPEAL**  
Jamestown Community College  
525 Falconer, PO Box 20  
Jamestown NY 14701  
Business Office, College Center

Student  Employee  Visitor

Date Received

Received By:

**Mailing Address:**

Name

License Plate #

Street

Vehicle Type

City

State

Zip

Permit #

Telephone #

Documents substantiating this statement should be attached. The appeal form must be filed within 72 hours from the time the ticket was issued. The form should be sent to the business office per the address at the top of the form. A lost ticket, forgetfulness, parking only for a short period of time, failure to display parking permit, and/or not seeing the signs are unacceptable grounds for appeal. Please write legibly and be very specific. Diagram if necessary. You will be notified by copy of this appeal form of the decision.

I hereby request an appeal on the issuance of the above parking violation for the following reason(s):

I affirm that the above statement is true and accurate to the best of my knowledge and belief. I understand the decision of the Vice President and Dean of Administration is final and binding without further review.

Signature

Date

ID # J

**For Vice President and Dean of Administration Only – Do not write in this area**

Appeal Granted:  Yes  No

Basis:

Fine Amount: \$

Vice President and Dean of Administration