WINTHROP UNIVERSITY
Division of Student Life
PARKING APPEALS FORM

Name ___________________________ Ticket Date ___________________________
Address ___________________________ Ticket Number ___________________________
Cell Phone Number ___________________________ Amount of Fine $ ________________
E-mail Address ___________________________ Date Fine Paid ___________________________
Permit Number ___________________________ ID Number ___________________________
Winthrop Affiliation: [ ]Faculty [ ]Staff [ ]Freshman [ ]Sophomore [ ]Junior [ ]Senior [ ]Graduate

Instructions:
1. Submit this appeal form and attach ticket to 526 Myrtle Dr., Rock Hill, SC 29733 c/o:
   Parking Appeals Committee within 10 business days of receiving the ticket.
2. Please state the reason(s) for appealing the ticket, typed on a separate sheet of paper
   and attached to this form.
3. The ticket, or a photocopy of the ticket, MUST accompany this appeal form.
4. Appellants and Campus Police will be notified in writing of the committee’s decision.
5. You must submit one Appeal Form per citation. (i.e. if you have multiple citations
   you are appealing, you must submit multiple Appeal Forms)
6. You may choose to be present at the appeal hearing or waive your right to be present.
   _____ I wish to be present at my hearing.
   _____ I wish to waive my right to be present at my hearing.

*Note: If you choose to be present, you will be notified at least 5 days prior to the
hearing date.

I __________________________________________ certify that to the best of my knowledge that all the
information stated above, and attached, is true and accurate.

Appellant Signature ___________________________ Date ___________________________

Citation #: ___________________________ Official Use Only
Contacted: ___________________________ Appeal Meeting: ___________________________ Resolution Date: ___________________________
Appeal Approved ________________ Appeal Denied ________________