

**MIDLAND COLLEGE
PARKING TICKET APPEAL**

DATE _____

NAME _____ VEHICLE LICENSE # _____ PERMIT # _____

ADDRESS _____ TELEPHONE _____

Please accept this as notice of my intention to appeal parking ticket number _____

which was issued on the ___ day of _____, _____.

JUSTIFICATION FOR APPEAL

Signature

VERDICT OF COMMITTEE

Committee Chairperson

cc: Police Department