

**PARKING CITATION APPEAL**

You may appeal parking tickets at the Parking Office within **10 days** of the ticket issue date.

Please send or deliver your appeal to: 

**The result of your appeal will be mailed to you.**

State University of New York at New Paltz  
Parking Violations Office - HAB 35B  
1 Hawk Drive  
New Paltz, NY 12561-2443

Telephone (845) 257-3347 • Fax (845) 257-3009

**We cannot process your appeal without this information:**

*PLEASE PRINT CLEARLY*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address (You may use a campus address if you have one)*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Driver's License # and State*

State \_\_\_\_\_

License Plate # \_\_\_\_\_

Ticket # \_\_\_\_\_

Violation # \_\_\_\_\_

Violation # \_\_\_\_\_

Location \_\_\_\_\_

Date of Issue \_\_\_\_\_

Officer Shield # \_\_\_\_\_

*PLEASE CHECK ONE:*    Faculty/Staff    Vendor    Visitor    Student    Other \_\_\_\_\_

Statement of appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that I am responsible for the fine in the event this appeal is denied. Thank You.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*FOR OFFICE ONLY:*

Disposition by appeal board:    **GRANTED**    **DENIED**    **PARTIAL**

COMMENTS: *(optional)*