



OFFICE USE ONLY

Received by: _____

Date/time: _____

Parking Ticket Appeal Form

A StFX-issued parking ticket can be appealed within fourteen (14) days from the date of issue. Please fill in this form and submit it along a copy/picture of the parking ticket to Safety & Security by email to security@stfx.ca or in-person at the Security Operations Centre located in the Safety & Security Building, 5005 Chapel Square.

Please provide complete and precise information to ensure an accurate and timely decision.

Name of Appellant:		Student of StFX _____ (ID#) Employee of StFX _____ (Dept.) Visitor : _____ (Name)	
Home Telephone Number:		Work Telephone Number:	
Email Address:			
Date of Violation:	Ticket #:	Type of Violation:	
Location of Violation:			
License Plate #:	Province/State:	StFX Parking Permit:	
Reason for appeal (Provide specific and verifiable facts and any diagrams which may help substantiate your appeal): _____ _____ _____ _____ _____ _____ _____			
_____ DATE		_____ Signature of Appellant	
DECISION (FOR OFFICE USE ONLY)			
Decision following review of appeal: ___ Violation upheld ___ Ticket Cancelled & Warning Issued ___ Ticket Cancelled & Dismissed Date: _____		Remarks: _____ _____ _____ Signature: _____	