



OFFICE USE ONLY	
Received by:	_____
Date/time:	_____

Parking Violation Appeal Form

Everyone has the right to appeal a parking violation within fourteen (14) days from the date of issue of a ticket. 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 in order to ensure an accurate and timely ruling.

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 Applicant	
DECISION (FOR OFFICE USE ONLY)			
Decision following review of appeal: ___ Violation upheld ___ Ticket Cancelled & Warning Issued ___ Ticket Cancelled & Dismissed		Remarks: _____ _____ _____	
Date: _____		Signature: _____	