

**LONGWOOD UNIVERSITY POLICE DEPARTMENT
PARKING APPEAL FORM**

Please complete this form in full. This appeal statement must be received within five (5) business days from the citation date at the Parking Office of Longwood Police Department.

Please use one form per citation. Attach the citation to the back of this form. Your signature represents your **Honor Code** statement of truth. REMEMBER THAT THE DECISION OF THE APPEALS COMMITTEE IS **FINAL**.

NAME: _____ L# _____

ADDRESS: _____ CELL PHONE #: _____

City: _____ State _____ Zip Code: _____

CIRCLE ONE: FRESH. SOPH. JUNIOR SENIOR GRAD. F/S VISITOR PARENT

RESIDENT STUDENT? YES NO COMMUTER STUDENT? YES NO

CITATION NUMBER: _____ VEHICLE LICENSE TAG #: _____

Please state your reason for this appeal: (Limit comments to no more than 2 paragraphs.)

Honor Code Signature: _____

(Office Use) Date Received At Campus Police: _____

The Parking Appeals Committee will review your claim and will render a decision based on the information provided by you on this form. **Attachments, photos, receipts are acceptable for supporting your claim.** You will be contacted by mail with this decision.

DECISIONS ARE FINAL!

Committee Meeting Date: _____

Citation # _____ Issued on _____ is

Accepted Denied-Full Fine Denied-Reduced Fine

Payment of \$ _____ is due paid at Cashiering by _____.