



Stephen Goulet
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Parking Citation Appeal Form

Name: _____

Date: _____

Phone #: _____

Email: _____

Student

Employee

Guest/Visitor

Other: _____

Citation Number: _____

Citation Date: _____

Location of Violation: _____

Violation: _____

Clark Decal #: _____

Plate #: _____

Reason for Appeal: _____

**Please provide 1-2 weeks for appeals process and response from department.*

Approved

Date: _____ Initials: _____

Denied

Reason/Comments: _____