	Lake Superior State University PARKING TICKET APPEAL FORM *PLEASE PRINT* ** All blanks must be completed**
Name [.]	** <i>All blanks must be completed</i> ** Student I.D.#:
	License Plate #:
	Citation Date:
issuance to address 10 relating to t will conside	ument your appeal in a clear and concise manner. Tickets must be appealed within 10 days of be considered by the Parking Ticket Appeals Committee. Results will be mailed to the above days after the appeal submission date. Contact the Public Safety Department with any questions this process at 906-635-2210 or on campus at ext. 2210. The Parking Ticket Appeals Committee er extenuating circumstances only. The decision of the Parking Ticket Appeals Committee is final. Lot Assignment: Lot Citation Issued In:
I hereby att	test that the information provided is true and accurate.
	Signature Date
Return To:	Lake Superior State University Public Safety Department (Parking Ticket Appeal) 650 W. Easterday Ave. Sault Ste. Marie, MI 49783

*If additional space is required, you may continue on the back of this sheet.