■SECOND APPEAL REQUEST■

FOR APPEAL OF ADMINISTRATOR'S DECISION

NAME			Bear Pass # M
LAST	FIRST		
TICKET #			
PHONE		(WORK	HOME CAMPUS CELL)
ADDRESS			
STATUS Fac	culty Staff	Student	Visitor (Please circle appropriate answer)
	IG APPEALS COMMITT		
I understand that I Clerk.	will be notified of the spe	ecific date, tim	ne and location of the hearing by the Parking Appeals
	o exceed five minutes, to t	the Committee	at one) attend the ZOOM hearing to make an oral e regarding my appeal of the ADMINISTRATOR'S an oracle motice** of the hearing date:
[] Campus Mail	Address (office or dorm)	:	
[] E-mail Addre	ess:		
[] U.S. Mail:			
AI	DDITIONAL JU	STIFIC	ATION INFORMATION
Dated this		day of	
Signature			Print Name