

■ SECOND APPEAL REQUEST ■

FOR APPEAL OF ADMINISTRATOR'S DECISION

NAME _____ Bear Pass # M _ _ - _ _ - _ _
LAST FIRST

TICKET # _____

PHONE _____ (WORK HOME CAMPUS CELL)

ADDRESS _____

STATUS Faculty Staff Student Visitor (Please circle appropriate answer)
- - - - -

TO THE PARKING APPEALS COMMITTEE:

I understand that I will be notified of the specific date, time and location of the hearing by the Parking Appeals Clerk.

Please note that I **WILL / WILL NOT** (circle or highlight one) plan to attend the hearing to make an oral presentation, not to exceed five minutes, to the Committee regarding my appeal of the ADMINISTRATOR'S DECISION.

This is my preference for receiving notice** of the hearing date:

[] Campus Mail Address (office or dorm): _____

[] E-mail Address: _____

[] U.S. Mail: _____

--PLEASE NOTE --

****For notice of the Committee's decision,
contact this office one week or more after the hearing.**

E-mail: ParkingAppeals@missouristate.edu

U.S. Mail: Parking Appeals Office; Transit Operations;
901 S. National; Springfield, MO 65897

Dated this _____ day of _____, 20____.

Signature

Print Name