



QUINSIGAMOND

Community College

RETURN ADDRESS: Parking Services - Box 149

670 West Boylston Street
Worcester, MA 01606
(508) 854-4221



Citation Appeal Form

ALL APPEAL REQUESTS MUST BE RECEIVED WITHIN 21 DAYS OF TICKET ISSUANCE

Name: _____

Citation #: Q-_____

Address: _____

Date Issued: ___ / ___ / ___

City: _____ State: _____ Zip: _____

State / License Plate#: ___ / _____

Phone Number: _____

Vehicle Make: _____

Vehicle Year: _____

Vehicle Owner Information

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Please print or write clearly your reasons and submit all supporting documents for this appeal.

My signature affirms that all the above information is true and correct to the best of my knowledge.

SIGNATURE: _____

Date: ___ / ___ / ___

To avoid late fees; citations must be paid within ten days.

(Office use only)

Appeal Granted Yes: ___ No: ___

Date: ___ / ___ / ___

Appeals Officer: _____