Chadron State College
Parking Violation
Appeal Application

Name: _____ Date: _____

Address: _____ Date of Violation: _____

Phone #: _____

Parking Permit #: _____ Ticket #: _____

Reason(s) for Appeal: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signed: _____

Complete form and return to Sparks Hall Room #113.
(308) 432-6490

Date of Appeal: _____

Granted: _____

Denied: _____