

## LSUHSC PARKING COMMITTEE APPEAL FORM

Name: \_\_\_\_\_

Campus: Downtown Dental School

Employee/Student ID#\_\_\_\_\_

Email Address: \_\_\_\_\_

Appeal Decision will be sent to:

Address:

Location Ticket Received: \_\_\_\_\_

TICKET(S) #\_\_\_\_\_

REASON FOR APPEAL:

PLEASE SIGN: \_\_\_\_\_