



Dartmouth Hitchcock Medical Center Parking Citation Appeal Form
FORM MUST INCLUDE ALL INFORMATION

Today's Date: _____

I, _____, would like to appeal the following:

Citation: # _____

Date Issued: _____ Time Issued: _____

Parking Lot/Location: _____ (Letter/ parking lot # if known)

Violation: _____

License Plate # _____, State _____

DHMC parking Decal # _____

Contact Phone # _____

Email _____

INCLUDE ALL DEFENSES/INFORMATION/PICTURES YOU WISH TO HAVE PRESENTED TO THE PARKING COMMITTEE FOR THE APPEAL, USE SEPARATE SHEET IF NECESSARY:

Sign: _____ Date: _____

Submit the completed form by fax at 603-650-4414, drop it off at the Security or Parking Office, or email the form to DH_SecurityNorth@hitchcock.org.

Upon the decision of the Parking Committee, you will be notified by telephone or department email. For tickets that are confirmed by the committee, the employee will receive another 7 days upon the committee's decision to pay the ticket/fine before a \$10 late fee is applied.



Scan to view the parking policy