Dartmouth Hitchcock 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 # _____

DH email _____@HITCHCOCK.ORG

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

_____

_____

_____

_____

I swear the above, and all attached documentation, is true and accurate to the best of my knowledge pursuant to Dartmouth Hitchcock Code of Ethical Conduct-D-H #2347.

Signature _____ Date _____

Submit completed form by fax to 603-650-4414, drop off at the security or parking office, or email to DH_ParkingNorth@hitchcock.org.

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

Scan to view parking policy