

Today's Date: _____

I, _____, would like to appeal the following

Ticket: # _____, Which was issued on

Date: _____ Time: _____

In the parking Lot: _____ (Letter/ # of parking lot if known), for a violation of _____.

License Plate # _____, State _____

My DHMC parking sticker # _____

Please contact me by Phone _____ or

E-Mail _____ You may be contacted for further information necessary for review.

I am appealing this ticket for the following reason (s)

Sign: _____ **Date:** _____

Fax to : 650-4414, drop off at the main security office near the main entrance, **or e-mail form to: DH_SecurityNorth**

The 3 non-security review committee meets about once a week, you will be notified by e-mail or phone of their outcome.