



UNIVERSITY OF  
SOUTHERN MAINE

### MOTOR VEHICLE VIOLATION APPEAL

Please write the address you'd like your reply sent to

**FROM:** Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone# (\_\_\_\_) \_\_\_\_\_

(Items show on ticket)

Date of Violation \_\_\_\_\_ Plate# (Include State) \_\_\_\_\_

Violation Code \_\_\_\_\_ Location \_\_\_\_\_ Ticket Number \_\_\_\_\_

**I wish to appeal the attached motor vehicle violation for the following reason(s):**

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**PLEASE INDICATE IF REASON IS CONTINUED ON BACK OF FORM: \_\_\_\_\_ YES \_\_\_\_\_ NO**

**SEND TO: Parking and Transportation Supervisor  
USM Police Department  
37 College Avenue  
Gorham, ME 04038**

**NOTE: Please attach all supporting documents/evidence to the back of this form**

Parking and Transportation Supervisor Action: \_\_\_\_\_ Approved \_\_\_\_\_ Denied