Camosun College Parking Violation Ticket Appeal

Send To: Camosun College Parking Violation Appeal Committee
C/O Ancillary Services, Camosun College Interurban, 4416 Interurban Road, Victoria B.C., V9E 2C1
Appeal must be legible and in INK to be processed

Name:	Parking Violation Ticket #:
Address:	Parking Violation Date:
City and Province:	Vehicle License Plate:
Postal Code:	Student or Employee # (if applicable):
Email Address:	Phone Number:
The following are the reasons why the violation should be cancelled(attach additional paper if needed)	
I agree to abide by the final decision made by the Parking Appeal Committee including paying any outstanding fees if required to do so. Signature: Date:	
Parking Appeal Committee Section	
	Appeal Number:
Committee Meeting Date:	
DECISION: COMMENTS:	Signature on behalf of Committee: