



LSU Health New Orleans

HEALTH SCIENCES CENTER

LSUHSC PARKING COMMITTEE APPEAL FORM

Name: _____ Date: _____

Campus: Downtown Dental School LSU Interim Hospital (Check one)

Employee/Student ID# _____

Email Address: _____

Appeal Decision will be sent to:

Address:

Location Ticket Received: _____

TICKET(S) # _____

REASON FOR APPEAL:

PLEASE SIGN: _____