



**REQUEST FOR WITHDRAWAL OF APPEAL FORM**

Citation #: \_\_\_\_\_ Date of Citation: \_\_\_\_\_

Name: \_\_\_\_\_ TUN ID: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for withdrawal:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parking Appeals Committee Chair Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Please email the completed form to: [parkingappeals@tun.touro.edu](mailto:parkingappeals@tun.touro.edu).