

PARKING DECAL REFUND POLICY APPEAL

Name:	
Student ID:	
Date:	
Parking Decal #:	
Refund Policy:	
	Salem State University parking decals. However, the
university understands that there can l	be special circumstances which warrant consideration.
Refund Policy Appeal: Please use the space below to explain detail as possible. Please attach any ne	your reasoning for requesting this refund, with as muckecessary documentation.
	this form does not guarantee a refund of parking decal
funds and that all decisions mad	le by the Parking Decal Refund Committee are final.
X	

Please note that the Parking Refund Policy Committee meets once a month, at the end of the month.