

IMPORTANT: APPEALS MUST BE SUBMITTED TO PARKING SERVICES WITHIN FOURTEEN (14) CALENDAR DAYS OF THE VIOLATION. PLEASE ATTACH TICKET TO THE APPEAL FORM.

Please check one: STUDENT EMPLOYEE VISITOR OTHER

NAME: _____ UNIVERSITY ID #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

CITATION #: _____ TICKET ISSUE DATE: _____

LIC PLATE: _____ STATE: _____ PERMIT #: _____

STATEMENT OF APPEAL (Please be brief but thorough. Use reverse side for diagrams as needed. Use an additional sheet, if necessary.)

SIGNATURE:

Written Appeal Decision:
 UPHELD DENIED
 COMMENTS:

 Signed: _____ Date: _____

Oral Appeal Decision:
 UPHELD DENIED
 COMMENTS:

 Signed: _____ Date: _____