Parking Violation Appeal Form

PARKING STICKER NUMBER:_____ TODAY'S DATE:_____ TIME:_____ AM/PM

NAME:_____ STUDENT/STAFF ID NUMBER: _____

CAMPUS ADDRESS:_____ PHONE NUMBER:_____

HOME ADDRESS:_____ CITY:_____ ZIP:_____

CITATION NUMBER:_____ DATE OF ISSUANCE:_____ TIME: _____

LICENSE PLATE NUMBER:_____ VIOLATION:_____

E-MAIL ADDRESS:_____

YOU MUST ATTACH A COPY OF THE TICKET TO THIS APPEAL

NOTE: ***ALL OF THE ABOVE INFORMATION IS REQUIRED FOR AN APPEAL AS WELL AS YOUR EXPLANATION BELOW. INCOMPLETE FORMS, NO TICKET ATTACHED, OR INSUFFICIENT INFORMATION WILL BE GROUNDS FOR DENIAL OF APPEAL.***

Rational For Appeal: Cite the portion, or portions, from the current parking regulations in the "*Good Book*" which pertains to your ticket. Explain why you are **NOT** in violation of this section.

Page Number: Section:

_____

_____

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_____

Signature: → _____ DATE: _____

ATTENTION: Appeals must be filed within seven (7) calendar days of violation.

Office Use Only Below This Line:

Void:		Denied:		Reduce:	
Comments:					
Date:		By:			