PARKING CITATION APPEAL FORM

Mailing Address  Owner  Driver  
Appeal Date: __________________

Owners Name: __________________________  Received By: __________________
Drivers Name: __________________________ Ticket Number: __________________
Address: _____________________________ Permit Number: __________________
City: ________________ State: ___Zip: ______ License Plate #: __________________
Telephone #: _________________________ University ID or D/L#: __________________

Check One: Student  Staff  Faculty  Guest  Vendor/Contractor  Hearing Request 

Write your reason for appeal below: Write legibly and be specific about the facts that support your case. Forgetting to pick up a permit, parking for only a short period of time, and/or not seeing the signs are not grounds for appeal. Appeals must be filed within 14 days of ticket issuance. You will be notified of the decision by mail. Attach additional sheet if needed.
________________________________________________________________
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I hereby certify that the above is a true and accurate statement of my appeal. I also understand that submission of fraudulent information will automatically result in a request for full payment of the parking violation and any associated fees.

Signature: __________________________________________ Date: _____________________________

Office Use Only – DO NOT WRITE BELOW THIS LINE

Decision:  Granted  Denied  Reduced  Balance Due: _____________
Basis: __________________________________________________________

APPEAL RESPONSE CODE: __________________
SIGNATURE: __________________
DECISION DATE: __________________

If the appeal is denied or the fine is reduced, failure to pay within 14 days from the appeal decision date will result in additional penalties and other collection activities.