Northeastern Illinois University

5500 North St. Louis Avenue
Chicago, Illinois 60625-4699

PARKING CITATION APPEAL FORM

NEIU PARKING DIVISION

Mailing Address Owner ☐ Driver ☐ Appeal Date: _____

Owners Name: _____ Received By: _____

Drivers Name: _____ Ticket Number: _____

Address: _____ Permit Number: _____

City: _____ State: _____ Zip: _____ License Plate #: _____

Telephone #: _____ Identification #: _____

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.

I hereby certify that the above is a true and accurate statement of my appeal.

Signature: _____ Date: _____

Office Use Only – DO NOT WRITE BELOW THIS LINE _____

Decision: **Granted** ☐ **Denied** ☐ **Reduced** ☐ **Balance Due:** _____

BASIS OF DENIAL

DECISION DATE: _____

APPEAL RESPONSE CODE: _____

SIGNATURE: _____

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.

Response Label # 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Sincerely,

The Parking Division Management