



www.neiu.edu

PARKING CITATION APPEAL FORM

Student Payment Services Office
5500 North St. Louis Avenue Chicago, IL 60625-4699
Email: park@neiu.edu | Call: 773-442-5331 or 5165

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 via email. Attach additional sheet, if needed.

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 30 days from the appeal decision date will result in additional penalties and other collection activities.