

**PARKING CITATION APPEAL FORM**

**Parking Office**  
5500 North St. Louis Avenue  
Chicago, IL 60625-4699  
Email: park@neiu.edu  
773-442-4114 or 4117

**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:** \_\_\_\_\_

stamp area	
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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.