

Parking Citation Appeal Form

Instructions: Fill out the information below and mail or take the completed form to the Information Desk. The Parking Appeals Board will review your appeal and notify you of its decision.

Note to Visitors: Please describe the nature of your visit below and your appeal will be accepted.

Your name: _____	Parking Permit Number: _____
Address: _____	Student ID Number: _____
City: _____	License Plate Number: _____
State: _____	Zip code: _____
Telephone Number: _____	E-Mail: _____

Parking Ticket Number which you are appealing: _____

Date of Violation: _____

Indicate the nature of the violation which you are appealing by checking the appropriate box:

- Student parking in faculty/staff parking
- Parking in a designated visitor space
- Parking in two spaces
- Parking in the grass
- Other _____
- Parking in a designated disabled/handicapped space
- Parking in a fire lane

Please explain why you should not have received this ticket: _____
