

Parking Citation Appeal Form

Vehicle Owner: Please complete this form, attach the citation in question and forward to the Business Office within 10 calendar days of the violation. Violation fines must be paid or appeals initiated within 10 calendar days after the issuance of the violation. **If the appeal is denied, the appellant has ten calendar days including the date on the notification to pay the fine or an additional \$10 late fee will be applied.** (The violator will be charged the increased rate for each violation.) If the Business Office is closed or if the due date falls on a weekend or holiday break, please deposit the appropriate payment in the drop box slot located at the Business Office window.

NOTE: All violations that incur a 10-day (\$10) late fee must be paid in full (this includes all citation fines & late fees) before an appeals form can be accepted.

Written notification of the hearing committee's decision will be sent to the student or faculty/staff member via standard US Mail or by email if address is provided below.

Please check the box that applies, and complete all requested information: **PRINT CLEARLY**

Student Staff Faculty

Name: _____ Empl ID# _____

Address: _____
(street) (city) (state) (zip)

Telephone No: (____) _____ Citation No: _____

Parking Permit No: _____ License Plate No: _____

You may use the back of this form to explain clearly and concisely the basis for your appeal. Please attach any corroborating evidence or statements (i.e. doctor's statements, repair bills, receipts or any pertinent information in addition to your statement). The chairman will read your statement to the committee without reference to your name.

Signature

Date

Email Address for Written Notification: _____

For Committee Use Only:

Date: _____

Notice Sent: _____

Appeal Upheld: _____

Appeal Denied: _____

Decision Notes: _____
