

PARKING TICKET APPEAL FORM

Attention - Important

Explain clearly, completing all sections, and submit this form to the Police and Campus Safety Department (or, if closed, the Information Center) upon completion. *(Please print or type)* **If this form is not properly completed, your appeal will be invalid.** If you are going to appeal your ticket, you are still responsible to pay for your ticket. You will be refunded if your ticket is dismissed.

Name _____
Student ID Number

Street _____ _____ _____
City *State* *Zip*

Phone Number (including area code) _____
Today's Date

Parking Violation Citation # _____ _____
License Plate # *Parking Sticker #*

Request: _____

Reason(s): _____

(continue on back as necessary)

For College use only:

Date Received: _____
Received by: _____

Citation Action:

- Dismissed
- Sustained

Signature _____
Date