



# PARKING CITATION APPEALS FORM

This form must be returned to Campus Police and Public Safety within 15 days of the citation issue date.

## ENTER THE FOLLOWING INFORMATION FROM YOUR CITATION

Decal Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Tag Number/State: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Name: \_\_\_\_\_ Student/Employee ID #: \_\_\_\_\_

Are you Faculty/Staff Student Program Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this vehicle registered in your name? Yes No If no, please provide owner's information below.

Owner's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## STATE YOUR REASON FOR THE APPEAL BELOW

(Attach additional pages, photos, or documentation if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm this statement is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |             |
|--|-------------|
| Official Use Only                                |             |
| Remarks _____                                    |             |
| Disposition:    Granted    Denied    Other _____ |             |
| Signature: _____                                 | Date: _____ |
| Director/Chief, Campus Police and Public Safety  |             |