



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 COPY OF THE 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