

# Employee Parking Citation Appeal Form

REF #:

\*\*\*\*\*IMPORTANT PLEASE READ BEFORE COMPLETING FORM\*\*\*\*\*

REGISTERED VEHICLE OWNER (UNIVERSITY PARKING PERMIT HOLDER) IS REQUIRED TO COMPLETE THIS FORM OTHERWISE APPEAL WILL NOT BE PROCESSED. VEHICLE OWNER IS RESPONSIBLE FOR ANY CITATION ISSUED.

**Vehicle owner** to complete this form, attach the citation in question and forward to Parking Services 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 the 10-day (\$5) penalty will apply.** (The violator will be charged the increased rate for each violation.) If Parking Services is closed or if the due date falls on a weekend or holiday break, please deposit payment in the drop box slot located at the front of the office.

**Request to appear before appeals committee** – Appellant has the option to appear before the Appeals Committee to present his or her case. Appearances before the Appeals Committee will be a maximum of five minutes. Please place a check in the box if you wish to schedule a time to discuss your appeal.  Please see front desk clerk in Parking Office to schedule an appointment.

Office Use: \_\_\_\_\_  
Scheduled Date and Time

\*Print Name \_\_\_\_\_ PeopleSoft ID \_\_\_\_\_  
Last First MI

\*Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Campus Phone No. \_\_\_\_\_ Employee MSC \_\_\_\_\_  
(X) (X)

Local Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Permit Number \_\_\_\_\_ Citation Number \_\_\_\_\_

License Plate Number and State \_\_\_\_\_ Date Appeal Submitted \_\_\_\_\_

**\*mandatory fields**

Written notification of the hearing committee's decision will be sent to the faculty/staff member's campus mailing address.

**On the back of this form**, please explain clearly and concisely the basis for your appeal for relief from the parking citation. Please attach any corroborating evidence or statement (i.e. doctor's statements, repair bills, receipts or any pertinent information in addition to your statement). The Appeals Committee Chairman will read your statement to the Appeals Committee without reference to your name. A Parking Services representative may be asked to provide technical information if required by the committee.

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***For Committee Use Only***

Date: \_\_\_\_\_ Notice sent: \_\_\_\_\_ Initials: \_\_\_\_\_

Appeal Upheld: \_\_\_\_\_ Appeal Denied: \_\_\_\_\_