

Parking Citation Appeal

When completing this form, please use a pen and write legibly. You must attach a copy of the citation(s) you are appealing to this form (*Note: Copies of your citations can be obtained from the Cashier's Office which is located in the Hillier Union Building (HUB).* You can turn in your completed appeal form at the Cashier's Office.

Last name,	First		M.I.		
Mailing Address	City	State		zip	
Day Phone	Evening Phone		Student ID #		
Vehicle License Number		State	Parking permit #		
Basis for the appearappe	p in mind this ap heets or diagram	peal may be s if necessary	denied for lack	of informatio	n. Feel free to

Please list your Citation numbers and their fine totals

Record Status Cleared:

Appeal Logged & filed::

#	Citation #	Fine Total	Office use only (do	not write in this space)			
	Citation #	Tille Total					
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I hereby certify that the above is a true and accurate statement of my appeal.							
Signature	gnature Date						
	e do not write in the shaded area: his appeal was processed	Original fine total:					
□ A _I	opeal denied Appeal Modified opeal upheld (citations cancelled)	Reduction amt:					
	New total						

Date:

Date: