

FOR POLICE PERSONNEL ONLY:

Received By: _____

Date: _____

Time: _____



ADMINISTRATIVE APPEAL FORM
Motor Vehicle Regulation Violation

This appeal form must be filled out completely by the person appealing a parking ticket. **It must be submitted within five (5) business days from the date the ticket was issued.** Your copy of the ticket must be attached to the appeal form. Use a separate form for each ticket. **Appeals are based solely on your written statement below. There is no personal appearance. Appeal Board decisions are final.** Completed form should be returned to the University Police.

NAME: _____ STUDENT ID #: _____

ADDRESS: _____
Street City State Zip

TELEPHONE#: _____

PARKING PERMIT #: _____ VEHICLE LICENSE #: _____

OWNER OF VEHICLE _____

TICKET #: _____ DATE ISSUED: _____

Reason(s) for contesting this ticket: _____

SIGNATURE: _____ DATE: _____

Note: Filing of this form constitutes a waiver of your right to a hearing in District Court. Appeal Board decisions are final.

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