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.
FOR POLICE PERSONNEL ONLY:
Received By: ____________________
Date: _____________________
Time: ______________________