

# Campus Safety Department Parking Ticket Appeal Form

Appeals of parking tickets issued on the college campuses must be filed within seven (7) business days of the date the ticket was issued.

**Please complete all the following information.**

Ticket #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Appeal Filed: \_\_\_\_\_

Location of ticket: AH, SB, BFH, BH, NH, HH, WH, FH, MCC, AY, CC

Violation (check appropriate line[s]):

Parking/Traffic Violations and Fines			
01 – No Decal/Expired Decal	\$15.00	10 – Smoking within 30ft of a Bldg	\$15.00
02 – Reserved/White Curb Faculty/Staff	\$15.00	11 – Improper display of Decal	\$15.00
03 – Handicapped Parking	\$50.00	12 – Removal of boot immobilizer	\$25.00
04 – Yellow Curbs-No Parking	\$25.00	13 – Parking on lawn	\$15.00
05 – Loading Zone	\$15.00	14 – Parking in fire hydrant area	\$25.00
06 – Backing into a parking space	\$25.00	15 – Other improper parking	\$15.00
07 – Improper parking	\$15.00	16 – Visitor only No Students	\$15.00
08 – Blocking Traffic	\$15.00	17 – Reckless Driving	\$100.00

**Name of person filing appeal:**

\_\_\_\_\_  
(Last, First, Middle-please print)

Student G # \_\_\_\_\_ Phone #: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Box #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Is the ticketed vehicle registered to you?  Yes  No

If not, name of registrant: \_\_\_\_\_

Basis of appeal (must be kept to these 4 lines): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**DECISION OF CAMPUS SAFETY:**

APPEAL APPROVED: TICKET AND FINE VOIDED    
  LIMITED APPEAL APPROVED: TICKET TO STAND AND ASSESSED FINE VOIDED    
  LIMITED APPEAL APPROVED: TICKET TO STAND AND ASSESSED FINE REDUCED    
  APPEAL DENIED

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DECISION OF APPEAL COMMITTEE:**

APPEAL APPROVED: TICKET AND FINE VOIDED    
  LIMITED APPEAL APPROVED: TICKET TO STAND AND ASSESSED FINE VOIDED    
  LIMITED APPEAL APPROVED: TICKET TO STAND AND ASSESSED FINE REDUCED    
  APPEAL DENIED: FORWARDED TO APPEALS COMMITTEE

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**All decisions of the Appeal Committee Are Final**