

Ticket Appeal Form

*All fields required

Name: _____

Email Address for Appeal Response: _____

Mailing Address: _____
Street Apt. # City, State, and Zip Code

Student/Employee 700#: _____ Phone Number: _____
Cell Home

Ticket Number: _____ Time of Ticket: _____ Date of Ticket: _____

Permit Number Displayed (if any): _____ Issued by: _____ License Plate: _____

Violation Description: _____ Lot Number: _____ State: _____

Reason for Appeal:

This Section is for Parking Services Office Use Only:

Officer Response: _____

Parking Services Comments: _____

Permit Number: _____ Valid Permit for Date of Ticket: _____ Date Verified: _____

Total Number of Tickets this Academic Year: _____

Total Number of Tickets Warned this Academic Year: _____

Total Number of Permits for Duration of Education: _____

Initials: _____

This Section is for Parking Services Office Use Only:

Total Number of Tickets for Improper Parking: _____

Total Number of Tickets for Failure to Display Valid UCM Permit: _____

Total Number of Tickets for Bicycle Regulations Violation: _____

Total Number of Tickets for Careless/Imprudent Driving: _____

Total Number of Tickets for Confiscation/Removal of a Bicycle: _____

Total Number of Tickets for Expired Permit Displayed: _____

Total Number of Tickets for Failure to Display Service Vehicle Permit: _____

Total Number of Tickets for Failure to Obey Traffic Signs: _____

Total Number of Tickets for Improper Display of UCM Permit: _____

Total Number of Tickets for Parking in a No Parking Zone: _____

Total Number of Tickets for No Valid Accessible Permit Displayed: _____

Total Number of Tickets for Parking in a Designated Fire Lane: _____

Total Number of Tickets for Possession of Forged/Altered Permit: _____

Total Number of Tickets for Possession of a Lost/Stolen Permit: _____