

# 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 for this Academic Year: \_\_\_\_\_

Total Number of Tickets Warned this Semester: \_\_\_\_\_ Initials: \_\_\_\_\_