

# Parking Violation Appeal Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Parking Permit#: \_\_\_\_\_

Ticket #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The written appeal form must be received by the Security Department no later than five days after the ticket was issued. The Appeal Board meets monthly.