Parking Services
Citation Appeal Form

Print Name: _________________________________________________ Phone: _____________________

Local Address: ____________________________________________________________________________  

________________________________________________________________________________________  Zip: ________________

License Plate #: ____________________ Citation Number: ____________________________________

Date Issued: _____/_____/_____ Violation Code (V Code): ______________ Lot Issued: _________

Brief explanation of why this citation should not have been issued:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please KEEP THE TICKET in your possession, for your records. You will be able to use this
information for future correspondence. A letter will be sent to you with the results of your appeal.

Signature: ______________________________________________________ Date:____/____/____

For Office Use Only

Administrative Response: ________________________________________________________________  

Disposition: 

☐ Appeal Denied

☐ Appeal Granted

☐ Other