PARKING TICKET APPEAL FORM

SD 160-1521 (07/01/15)

The parking ticket must be attached to this form.

YOU MUST USE ONE FORM PER TICKET

A ticket appeal must be filed within ten (10) days of issuance of the ticket. Students must provide a current e-mail address.

☐ **Employee** ☐ **Contractor** ☐ **Visitor**
☐ **Undergraduate** ☐ **Undergraduate Guest** ☐ **Graduate**

Student Guests: Enter student host name:			E-mail:	
MAILING ADDRESS			License Plate:	State:
Name:			Vehicle Make:	
Street:			Permit#:	Permit Year:
City:	State:	Zip:	Parking Ticket#: (Top of ticket)	
Residence Hall: (resident students)		Room #:	Telephone#:	

Lack of knowledge of the regulations, inability to find a legally marked parking space, a lost ticket, forgetfulness, parking for a short period, failure to display parking permit, and/or not seeing the signs are unacceptable grounds for appeal. Please write legibly and be very specific. <u>You will be notified of the Ticket Appeal Review decision. Please supply a valid e-mail address if a student.</u>

Nature of the Appeal-In the space below, state with clarity all reasons and basis for appeal. We recommend that you attach a diagram showing the manner in which you were parked and the area in question if you are appealing a parking violation.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I hereby certify that the above is a true and accurate statement of my appeal.

_____
Signature Date

FOR APPEAL REVIEW PERSONNEL USE ONLY-DO NOT WRITE BELOW THIS LINE

Approved ☐ Denied ☐ Date of review _____**Date mailed** _____

Basis_____

_____

Fine Amount $

_____
Appeals Review Authorized Signature

FOR FURTHER INFORMATION, PLEASE CALL THE HUSD OFFICE AT 362-6419

Rec'd by: _____ Date Rec'd: _____