Parking Violation Appeal Form

Directions: Read and fill out all requested information. Attach citation. Deliver Appeal to Security Services at 1110 Centennial Hall. Appeals must be received at Security Services within 10 days of issuance of ticket to be considered.

IMPORTANT – PLEASE READ CAREFULLY BEFORE PROCEEDING
Appeals should be based on the fact the violation was issued contrary to the UMC parking regulations, given in an enforcement error, or if extreme extenuating circumstances have occurred.

Please print neatly and fill in all requested information:

Full Name: ____________________________________________  _________________________  _______________________
                  (Last)                           (First)                           (Middle Initial)

Address: __________________________________________________________________________
          (Street)                        (City)                        (State)                        (Zip Code)

Phone #: ___________________________  E-Mail: ___________________________  □ Faculty/Staff  □ Student  □ Visitor

Vehicle Description:
License Plate#: _____________  State: ______  Make: ______________________________
Model: ________________________  Year: ______  Permit #: ________________________

Violation Information:
Violation #: _____________  Location: ______________________________________________
Date: ______________________  Time: _____________  Officer Badge #: _________________

Offense: ____________________________________________________  Amount: $_________
Offense: ____________________________________________________  Amount: $_________
Offense: ____________________________________________________  Amount: $_________

Total Amount Due: $_________

Reason For Appeal
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature: ____________________________________________  Date: ________________________

For Office Use Only

Appeal Board Decision: □ Accepted  □ Denied  □ Reduced, Amount: $_________

Additional Comments: