

**ATTACH
TICKET
HERE**

ANDERSON UNIVERSITY POLICE DEPARTMENT/SECURITY SERVICES

PARKING VIOLATION APPEAL FORM

Printed Name	_____	_____	_____
Student ID#	_____	Citation #	_____
Classification	<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> ADULT ED	Offense Date	_____
Local Address	_____	Offense Time	_____
Campus Phone	_____	Violation(s)	_____
Home Phone	_____		_____

Please write legibly and be specific. The Committee's decision is based on your written explanation. You will be notified by mail of their decision. ***A lost ticket, forgetfulness, parking only for a short period of time, failure to display parking permit, not seeing the signs and/or the absence of a parking space are NOT acceptable grounds for appeal.** Diagrams and repair receipts are helpful.

I'm appealing because _____

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

Today's Date

Signature

APPEAL COMMITTEE USE ONLY **DECISION DATE:** _____

_____ APPEAL GRANTED: Ticket Voided/Set Aside

Reduced to Warning

_____ APPEAL DENIED*

REMARKS: _____