

Parking Operations

Petition for Appeal of Parking Violation Ticket

TO: The Parking Appeals Board

SUBJECT: PETITION FOR APPEAL OF A PARKING VIOLATION TICKET

FROM: Name (Print) _____ Ticket # _____
Address _____ Date Issued _____
City, State, Zip _____ Violation _____
Email _____ Violation Number _____
Telephone _____ Location _____
Date _____ Make of Vehicle _____
Signature _____ Vehicle License # _____

IMPORTANT

- Any person who desires to appeal a violation penalty must appeal it within ten (10) calendar days of the ticket's issuance. The parking violation must also be paid prior to filing an appeal and only after receipt of payment, may a violation be elevated to the appeals board committee for review of a no violation penalty in accordance with Sections 6 and 7 of the Parking Violations and Appeals regulations. **Tickets over ten (10) days of issue are not eligible for appeal**
- It is the responsibility of the student, who desires to appeal a violation penalty and is unable to pay the violation penalty fee required to file the appeal, to request and receive approval and signature from the Dean of Students (or designee) on this form within ten (10) calendar days of the ticket's issuance.

I authorize this petition for appeal of a parking violation to be filed *without payment of the parking violation penalty fee* as required by Sections 6 and 7 of the Parking Violations and Appeals regulations.

Signature of Dean of Students or designee name

Date

Print name – Dean of Students or designee name

COMPLETE AND RETURN THIS FORM TO: UIS Parking Operations
University of Illinois Springfield
One University Plaza, MS BSB 43
Springfield, IL 62703-5407

REASON FOR APPEAL: (If additional space is needed, continue on back)

You will be notified by mail or email as to the disposition of your appeal.

..... *FOR OFFICE USE ONLY*

Date Appeal Received _____ Disposition: _____ Appeal Approved

Date Appeal Considered _____ _____ Appeal Denied