

PARKING TICKET APPEALS FORM

Requests for an appeal of a parking ticket must be made within five (5) days of the ticket. Parking for short periods, parking in a nearly empty lot, unaware of parking regulations, and/or being unaware of lot sign(s) are unacceptable reasons for appeal. Please note that the decision of the Parking Appeals Committee is final. You will receive written notification of the decision by copy of this form.

Please clearly enter all information; do not use a pencil or marker.

Today's date ___ / ___ / ___

Name (last, first, middle initial) _____ Telephone no. () ____ - _____

Mailing Address _____
PO Box/Street Address City State Zip

Ticket no. _____ Date issued ___ / ___ / ___

Please describe the supporting reasons for your appeal. *Attach an additional sheet if more space is needed. Diagrams may be used.*

..... **** OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE ****

TO: Appellant
FROM: Parking Appeals Committee
DATE: ___ / ___ / ___

- Your ticket no. _____ has been:
- VOIDED - no fine is due
 - SUSTAINED - a fine of \$_____ is now due and is to be paid in the Cashier's Office in Crockett Hall; *make checks payable to UVA Wise*
 - REDUCED - a fine of \$_____ is now due and is to be paid in the Cashier's Office in Crockett Hall; *make checks payable to UVA Wise*

Committee comments _____

Signatures _____
student representative faculty representative staff representative