PARKING VIOLATION APPEAL FORM

Parking Ticket No: _______________  Date of Appeal: _______________

Date of Violation: _______________

Name: _______________________________________

Home Address: ____________________________  Tel #: ______________________

_______________________________________

Residence Hall: □ Aviat  □ Brisson  □ Chappuis  □ Conmy  □ Dechantal  □ Heights  □ Tocik
  □ Donahue

Room #: _______________  Tel. Extension #: _______________

Vehicle License Plate: _______________  State: _____________

Violation: _______________________________________________________________________

Place of Violation: _______________________________________________________________________

Reason you believe you should not have to pay the ticket:_____________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature: __________________________________________

• All appeals must be received by the DeSales University Parking Authority no later than 5 working days after the parking ticket has been issued.
• If the appeal is denied, fines must be paid within 5 working days of the decision.

******************************************************************************
FOR OFFICIAL USE ONLY

□ Appeal Granted   □ Appeal Denied

By: ___________________________  Date: _______________