



# Parking Citation Appeal Form

Please complete the following key information necessary to process the appeal and submit to the Auxiliary and Support Services Customer Service Windows with your PantherCard.

Name _____	Panther ID # _____
Street/Mailing Address _____	License Plate # _____ State _____
City _____	Vehicle Make _____
State _____ Zip _____	Vehicle Model _____
Phone _____	Parking Permit # _____
Campus E-mail _____	Citation # _____

**TO BE CONSIDERED, A PARKING APPEAL MUST BE MADE WITHIN TEN (10) DAYS OF THE ISSUANCE OF THE PARKING CITATION**

Parking in a handicap space without a State issued permit/plate, fee for booting a vehicle, and vehicles parked past the yellow line at the Turner Field Blue lot are not eligible for appeal. Please write legibly and be very specific.

**Nature of Appeal** - In the space below, clearly state all reasons and basis for appeal. We recommend that you attach a diagram showing the manner in which you were parked and the area in question. **ONLY ONE PARKING CITATION APPEAL PER APPEAL FORM.**

---



---



---



---



---

Please indicate one of the following: Student  Faculty  Staff

Please indicate hearing choice: \*In-Person  Written

\*The date and location of the in-person hearing will be e-mailed to the campus e-mail address provided on this form within 1-2 weeks prior to the hearing date.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR AUXILIARY AND SUPPORT SERVICES USE ONLY:**

Appeal Granted  Yes  No Date of Meeting \_\_\_\_\_

Basis \_\_\_\_\_

Citation Appeal Board Signature 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Fine Amount \$ \_\_\_\_\_

**Aux Svs Use Only**

Rec'd by: \_\_\_\_\_

Date Rec'd \_\_\_\_\_