



PARKING TICKET APPEAL FORM

** PARKING TICKET APPEALS received after 5 days of the ticket issue date will automatically be denied. Ticket must be paid prior to appealing.*

Name: _____ Id#: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Preferred means of contact: Mail Email Address: _____

Ticket Number: _____ Date & Time: _____

Violation: _____ Location: _____

The SGA Judicial Cabinet will make a decision based on the information you provide. Clearly explain the basis for your appeal of this ticket. Submit copies of photographs or any other documents pertaining to this ticket appeal that may help in the final decision. Any copies submitted will not be returned, so be sure to make copies for your personal file. Please print legibly. You may use the back of this form if needed.

The SGA Judicial Cabinet will review this ticket appeal request. A notice of the cabinet's final decision will be sent in writing to your preferred means of contact. All decisions of the SGA Judicial Cabinet are final!

OFFICE USE ONLY		
Appeal received by: _____	Date: _____	Schedule Appeal Date: _____
Pre-Appeal Notes: _____		
Appeal Decision: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Decision Date: _____	Recorder: _____
Comments: _____		
Ticket Status Updated by: _____		Date: _____
Notification by: _____		Date: _____