ATTACH TICKET HERE

ANDERSON UNIVERSITY POLICE DEPARTMENT/SECURITY SERVICES

PARKING VIOLATION APPEAL FORM

	LAST	FIRST	M.I.
Printed Name			

Student ID#		**Citation #**	
Classification	☐FR ☐SO ☐JR ☐SR ☐ADULT ED	**Offense Date**	
Local Address		**Offense Time**	
Campus Phone		**Violation(s)**	
Home Phone			

Please write legibly and be specific. The Committee's decision is based on your written explanation. You will be notified by mail of their decision. ***A lost ticket, forgetfulness, parking only for a short period of time, failure to display parking permit, not seeing the signs and/or the absence of a parking space are NOT acceptable grounds for appeal.*** Diagrams and repair receipts are helpful.

I'm appealing because _____

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_____ _____

Today's Date Signature

APPEAL COMMITTEE USE ONLY ***DECISION DATE:***_____

_____ APPEAL GRANTED: Ticket ☐ Voided/Set Aside

☐ Reduced to Warning

_____ APPEAL DENIED*

REMARKS:_____