

Parking and Transportation Violation Appeal

Appellant's name (Print Firmly) _____ UID _____ (_____) Telephone Number _____

Address _____ / _____ City _____ / _____ State _____ / _____ Zip _____

Reason(s) for appeal

If more space is needed for further information or a diagram, attach an additional sheet of paper.

- I do not wish to make a personal appearance at the Parking Appeals Committee meeting.
- I wish to make a personal appearance at the Parking Appeals Committee meeting

Two appeals per quarter may be approved for any permit not displayed, and parked in the proper area. For further information regarding Appeals and Reappeals, refer to either the Wright State University Wright Way Parking Policy 3601, or the Parking and Transportation web site, <http://www.wright.edu/admin/parking/pts.htm>.

Signature _____ e-mail address _____ Date _____

Do not write below this line

Appeals Committee Information:

Ticket number _____ Date _____ Time _____

Location _____ Violation _____ License number _____

Comments _____

Permit number _____ Date of issue _____

Other appeal(s) _____

Other violation(s) _____

Authorized signature Circle decision

- _____ Approved The Parking Appeals Committee has voided your violation and waived the fine.
This decision does not necessarily indicate that your violation was issued in error.
- _____ Denied The Parking Appeals Committee finds you in violation of the Parking Regulations. Please remit the fine within two weeks from date indicated. **FINE AMOUNT \$** _____ **Date** _____

Comments
