Carroll University
Department of Public Safety
Parking Ticket Appeal Form

Name: _____ E-Mail _____

Student ID Number: _____ Ticket Number: _____ Date Issued: _____

Home Address: _____
Street City State Zip

School Address: _____ Phone No.: _____
Res Hall Room # Cell Home

Vehicle License Plate #: _____ Parking Permit #: _____

- You must use a **separate form for each ticket** being appealed.
- You must **self address the envelope** provided and attach, **<u>do not seal the envelope</u>**.
  - Resident students use school address
- You must attach a **photocopy** of the ticket to this form.
- You must provide a written statement of your reason for appealing the above parking violation in the space below. If additional space is needed please attach additional documentation.
- If you are a guest, please list the full name of the student/meeting you were visiting/attending.

<u>All of the above information must be completed for the appeal to be processed</u>.

_____

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The Appeals committee will review your appeal and you will be notified by mail of the results.

Signature: _____ Date: _____

<u>FOR OFFICE USE ONLY:</u>

☐ **Officer Reviewed** **Officer Signature: _____**

Comments: _____