



**Parking
Operations**

TO: The Parking Appeals Board

SUBJECT: PETITION FOR APPEAL OF A PARKING VIOLATION TICKET

FROM: Name (Print) _____

Address _____

_____ ZIP _____

Telephone _____

Date _____

Signature _____

IMPORTANT - Tickets over ten (10) days of issue are not eligible for appeal.

- COMPLETE AND RETURN THIS FORM TO: Parking Operations
 University of Illinois Springfield
 One University Plaza, MS BSB43
 Springfield, IL 62703-5407

Ticket #

Date Issued

Violation

Location

Make of Vehicle

License #

REASON FOR APPEAL: (If additional space is needed, continue on back)

Do you desire to make a personal appearance at the time your appeal is considered? Yes No

You will be notified by mail as to the disposition of your appeal.

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FOR OFFICE USE ONLY

Date Appeal Received _____

Date Appeal Considered _____

Disposition: _____ Appeal Approved

_____ Appeal Denied