

## **Parking Operations Petition for Appeal of Parking Violation Ticket**

TO:	The Parking Appeals Board		
SUBJECT:	PETITION FOR APPEAL OF A PA	RKING VIOLATION TICKET	
FROM:	Name (Print)		Ticket #
	Address		Date Issued
	City, State, Zip		Violation
	Email		Violation Number
	Telephone		Location
	Date		Make of Vehicle
			Vehicle License #
IMPORT	_		
• It is the require within	red to file the appeal, to request on ten (10) calendar days of the tic	who desires to appeal a violat and receive approval and sign cket's issuance. of a parking violation to be fi	ion penalty and is unable to pay the violation penalty fee nature from the Dean of Students (or designee) on this form led without payment of the parking violation penalty fee
Sig	gnature of Dean of Students or d	lesignee name	Date
Pr	int name – Dean of Students or o	designee name	
COMPLET	E AND RETURN THIS FORM TO:	UIS Parking Operations University of Illinois Spring One University Plaza, MS B Springfield, IL 62703-5407	
REASON F	OR APPEAL: (If additional space i	is needed, continue on back)	
•	esire to make a personal appeara e notified by mail or email as to t	,	
		FOR OFFICE USE	ONLY
Date Appeal Received			Disposition: Appeal Approved
Date Appeal Considered			Appeal Denied