Shenandoah University

Parking Ticket Appeal Form

Instructions:

Complete **all** section of this form below, clearly stating the reason you wish to appeal the charge. Attach the *original* parking ticket to this form, along with any additional information and submit to the Business Office located on the second floor of the Wilkins Administrative Building.

NOTE:

All persons receiving a citation have a right to appeal within thirty (30) days from the date of the citation. By failing to file your appeal within thirty days from the date of the violation, you have waived your right to appeal.

The decision of the Parking Appeals Committee is **FINAL.**

Name: _____ SU ID#_____

Local Mailing Address (Campus Mail Box # acceptable): _____

Parking Ticket #_____ (only one ticket per appeal form permitted)

Reason for appeal (please print; additional space available on back of sheet: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____ Date: _____

**********Do Not Write Below This Line**********

Date Appeal Received: _____ Received By: _____

DECISION OF PARKING APPEAL COMMITTEE

( ) Approved; no fine due ( ) Denied ( ) Denied w/fines reduced to: _____

Date of Decision:_____ Notification Sent: _____