PARKING VIOLATION APPEAL FORM

Upper Iowa University ~ Campus Safety and Security Office

Please Print

Name:	**ID:**

Please transfer the following from your ticket:

Date Issued		**Violation**	
Time Issued		**License Plate**	
Permit #		**Vehicle Make**	

Please describe the circumstances surrounding the ticket in question and why you believe that your ticket should be exempt from the Campus Parking Regulations. Please be specific, where possible, and attach any supporting documents (repair slip, medical information, etc.). The appeals committee will meet and review the information pertaining to the parking violation. A notice will be sent to you regarding the decision of the committee. Requests for second appeal will not be accepted. For this reason it is very important that all pertinent information be included in the original appeal.

Please print - use this side of form only.

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"I attest to the fact that the above information is true and correct to the best of my knowledge."

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Signature Date