PARKING CITATION APPEAL

PLEASE PRINT LEGIBLY, THIS FORM IS USED FOR MAILING PURPOSES AND FOR HEARING NOTIFICATION.

University ID Number: _____ LOCAL PHONE: _____

E-MAIL ADDRESS: _____

PLEASE NOTE: Make sure the address and phone number you list are complete, accurate, and legible. The Parking Services Office cannot be responsible if you fail to receive your appeal notice due to incorrect address. Remember to notify the Parking Services Office of any address changes.

MAILING ADDRESS (Address for Appeal Reply)

NAME	
STREET	
APT. NO.	
CITY, STATE, ZIP	

Appeals must be received within 10 calendar days of citation issuance. Citations must be paid in full before placed in appeals. Failure to pay the citation and formally appeal negates any right to further address the citation. Paying a citation is not an admission of guilt. If after review the citation is dismissed, a refund will be mailed to the appellant.

APPEAL FORM MUST BE RECEIVED IN PARKING SERVICES WITHIN 10 CALENDAR DAYS OF CITATION ISSUANCE.

CITATION NUMBER(S)	DATE CITATION(S) ISSUED	PARKING PERMIT NO.	TYPE OF PERMIT

VIOLATION (Citation must be attached to the office copy of the appeal form)	FACULTY/STAFF	STUDENT	VISITOR

REASON(S) FOR APPEAL (USE BACK OF WHITE COPY IF ADDITIONAL SPACE IS NEEDED)

SIGNATURE OF APPELLANT **DATE**

OFFICE USE ONLY

	CLERK'S INITIALS	DATE FILED
	DATE ENT.	
	FLEX ACCT. #	

DATE READ	o UPHELD (Citation Payable)	o DISMISSED (Citation Voided)	ADJUSTED TO:

Return appeal form or any correspondence to Virginia Tech Parking Services,
455 Tech Center Drive (0540), Blacksburg, VA 24061
For a complete list of our rules and regulations, please visit our website at www.parking.vt.edu