

PARKING TICKET APPEAL

RETURN TO: PARKING TICKET APPEAL
PACIFIC INFORMATION CENTER
UC Box 668

DATE APPEAL RECEIVED: _____

INSTRUCTIONS:

THIS PETITION **MUST** HAVE THE TOP SECTION COMPLETED AND BE FILED WITHIN FOURTEEN (14) CALENDAR DAYS AFTER THE CITATION DATE OR THE PETITION WILL BE AUTOMATICALLY **DENIED**. YOU WILL BE NOTIFIED OF THE DETERMINATION OF THE APPEALS COMMITTEE FIVE (5) DAYS FOLLOWING THE NEXT APPEALS COMMITTEE MEETING.

PLEASE:

- ◆ PRINT FIRMLY OR USE A TYPEWRITER ON THIS PETITION.
- ◆ MAIL OR HAND DELIVER THIS PETITION TO THE ABOVE ADDRESS.
- ◆ COMPLETE A SEPARATE PETITION FOR EACH CITATION BEING APPEALED.
- ◆ ATTACH A COPY OF THE CITATION TO THIS FORM.

LAST NAME _____ FIRST NAME _____ SS# _____ STUDENT ID# _____ UC Box _____

MAILING ADDRESS _____

CITATION # _____ DATE OF VIOLATION _____ VIOLATION CODE # _____ LICENSE PLATE _____ STATE _____ PERMIT # _____

REASON FOR APPEAL _____

I hereby certify that the above information is a true and accurate statement of my reason for appeal. _____
Signature

Parking Appeals Committee Use Only. Do Not Write Below This Line.

- An MVC violation was committed. The citation is valid. Officer Comments: _____
- Mitigating circumstances existed. Citation Fee is waived. _____
- Officer error. No violation committed. Citation waived. _____
- Mitigating circumstances existed. Fine reduced to: _____
- Violation Committed. Fine reduced due to circumstances to: _____

Committee Comments: _____

Date Reviewed: _____ Signature of Committee Chair: _____