Parking Ticket Appeal

Return To: Campus Public Safety
           Pacific University
           U.C. Box A100
           2043 College Way
           Forest Grove, OR 97116

Date Appeal Received:____________

Instructions:

This appeal MUST have the top section completed and be filed within ten (10) CALENDAR DAYS after the citation date or the appeal will be automatically DENIED. You will be notified of the determination of the appeal.

PLEASE:
• Print legibly
• You may print out and attach a Word document in lieu of handwriting the appeal
• 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       PU I.D. #       U.C. 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

**Official Use Only. Do Not Write Below This Line**

____A violation was committed. The citation is valid.

____Mitigating circumstances existed. Citation Fee is waived.

____Mitigating circumstances existed. Fine reduced to: _________

Comments:________________________________________________________________________

________________________________________________________________________

Date Reviewed:_______________