

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: _____