

VIOLATION APPEAL

Attach Ticket Here

Citations must be paid prior to appeal.

Appeal No. _____

Appellant's Name (Print Firmly) _____ University I.D. # _____ Telephone Number () _____

Home - Address _____ City _____ State _____ Zip _____

Campus - Address _____ License Tag No. _____ State _____

Reason(s) for appeal _____

If more space is needed for further information or a diagram, attach an additional sheet of paper.

For further information regarding Appeals, refer to the University of Dayton Citation Brochure.

Signature _____ Date _____

Do not write below this line

Appeals Committee Information:

Citation Number _____ Date _____ Time _____

Location _____ Violation _____ License Number _____

Comments _____

Permit Number _____

Other violation(s) _____

Signature of Chairperson _____ Circle decision _____

Approved The Citation Appeals Committee has granted your appeal. You will receive reimbursement for the amount paid for this fine.

Denied The Citation Appeals Committee finds you in violation of the Parking Regulations.

Comments _____

An in-person appeal may be requested after your written appeal has been denied.
This form must be returned to Parking Services fourteen days from the date of this written notice.

REQUEST FOR IN-PERSON APPEAL

Name: _____

Address: _____

Telephone: _____

I am requesting an in-person appeal on the following grounds: _____
