Parking Ticket Appeal Form

Name:	**ID No:**	**Ticket Date:**	**Appeal Date:**
Contact Telephone Number/Email address:		**Ticket Number(s) being appealed:**	
Vehicle Registration State and Number:	**Vehicle Make and Model:**	**USJ Permit Decal Number:**	
Date of Review:	**Appeal Accepted: (No Payment)** **Yes** **No**	**Appeal Denied: (Payment Due)** **Yes** **No**	
Reason/Alternative Decision:			
Reason for Appeal: (use back of form if additional space is needed)			

Note: All Parking Ticket appeals must be submitted within 14 days of ticket issuance. Your appeal will then be reviewed by the Parking Appeals Committee. Please return this appeal to the Public Safety Office to the attention of: **Chairperson-Parking Appeals Committee**