



## Parking Ticket Appeal Form

Name:	ID #:	Telephone Number:	Email address:
Ticket Number(s) being appealed:		Date Ticket Issued:	Appeal Date:
Vehicle Registration (State and Number):		Vehicle Make and Model:	USJ Parking Permit Number:

### Reason for Appeal:

<b>For Official Public Safety Use Only:</b>		
<b>Reviewed By:</b>	<b>Date:</b>	<b>Appeal Decision: Accepted or Denied</b>

### Reason/Alternative Decision:

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 submit your completed form online to [ParkingServices@usj.edu](mailto:ParkingServices@usj.edu) or you may turn it in at the Public Safety Office.