

JUDSON UNIVERSITY DEPARTMENT OF CAMPUS SAFETY

PARKING TICKET APPEAL FORM

Name: _____ Today's Date: _____ ID #: _____

Email: _____ CPO#: _____

VEHICLE INFORMATION

Parking Permit Color: _____ Permit #: _____

Vehicle Make/Model: _____ Vehicle Color: _____

License #: _____ State: _____ Year: _____

NATURE OF VIOLATION

Ticket #: _____ Ticket Time: _____

Ticket Date: _____ Location of Violation: _____

REASON FOR TICKET

- No Valid Parking Permit
- Reserved Space/Area
- Other
- No Parking/Space/Area
- Parked in Two Spaces
- Disabled Person's Space
- Blocking Driveway or Access

BRIEFLY RELATE THE CIRCUMSTANCES SURROUNDING YOUR VIOLATION

Signature: _____ Today's Date: _____

DECISION (Office use only)

- Ticket Voided
- Ticket Stands
- Changed to Warning
- Other

COMMENTS

Officer: _____ Badge: _____ Date: _____