



PARKING CITATION APPEAL

Please Note: Make sure the address and phone number you list are complete, accurate, and legible. Parking and Transportation is not responsible if you fail to receive your appeal notice due to an incorrect address. Remember to notify the office of any address changes.

University ID Number _____ Email _____ Local Phone _____

MAILING ADDRESS

Name _____

Street _____

Apt. No _____

City, State, Zip _____

Appeals must be received within 10 calendar days of citation issuance. If you disagree with the decision made on your appeal, you may request that your appeal be reviewed by the Appeals Hearing Committee within 10 days of the postmark date on the first appeal. Tickets must be paid in full before being placed in second appeals. Paying a citation is not an admission of guilt. After, if review of the citation generates a dismissal, a refund will be processed.

Appeal form must be received by parking services within 10 calendar days of citation issuance.

Citation Number(s) _____ Date Citation(s) Issued _____

Parking Permit No. _____ Type of Permit _____

Violation _____ Faculty/Staff Student Visitor

(Citation must be attached to the office copy of the appeal form)

REASON(S) FOR APPEAL (Use back of white copy if additional space is needed)

Are you a visitor? Yes No Do you have a permit? Yes No Were you parked legally? Yes No

Please explain your reason(s) for appeal _____

Signature of Appellant _____ Date _____

Return appeal form or any correspondence to:
Virginia Tech Parking Services, 505 Beamer Way (0540), Blacksburg, VA 24061
For a complete list of rules and regulations, visit parking.vt.edu

For Office Use Only

Note _____	Clerk's Initials _____	Date Filed _____
_____	Date Ent. _____	
_____	Flex Acct. No. _____	
Date Read _____	<input type="checkbox"/> Upheld (Citation Payable)	<input type="checkbox"/> Dismissed (Citation Voided)
	Adjusted To _____	