

PARKING AND TRANSPORTATION

PARKING CITATION APPEAL

University ID Number _____ Email _____

Local Phone _____

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 incorrect address. Remember to notify the office of any address changes.

Mailing Address (Address for Appeal Reply)

Name _____

Street _____

Apt. No. _____

City, State, Zip _____

Appeals must be received within 10 calendar days of citation issuance. Citations must be paid in full before placed in appeal. Failure to pay the citation formally appeal negates any right to further address the citation. Paying a citation is not an admission of guilt. If after review the citation is dismissed, a refund will be mailed to the appellant

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

| Citation Number(s) | Date Citation(s) Issued | Parking Permit No. | Type of Permit |
|---|-------------------------|--------------------|--|
| Violation (Citation must be attached to the office copy of the appeal form) | | | Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> |

Reason(s) for Appeal (Use back of white copy if additional space is needed) _____

Return appeal form or any correspondence to Virginia Tech Parking Services, 455 Tech Center Drive (0540), Blacksburg, VA 24061
For a complete list of rules and regulations, visit www.parking.vt.edu

Signature of Appellant _____ Date _____

For Office Use Only

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

