

Date: _____

To: Appeals Committee

From:

Name: _____

Address: _____

Phone: _____

Royal ID# _____

Date & Time Issued _____ **Location** _____

Ticket # _____ **Plate #** _____ **State** _____

Violation _____

Amount Payment Received: _____

Reason for Appeal: (use back if more space is needed)

The Appeal Board reviewed your appeal for the above infraction. The Board:

___ Supports your appeal. Your prepaid fine is attached/returned.

___ Upholds the citation. Your prepaid fine will be deposited with the Bursar.

***Please print and mail or bring to Parking Services office within 3 days of violation (payment must be included with appeal) See appeal procedures for more information.**