# "Right of Appeal" Application

## **Parking Appeals**

Anyone with a valid reason may appeal a parking ticket within five (5) business days of the alleged violation by coming to the Campus Safety office with the original ticket.

NOTE: Appeals will not be accepted unless the original ticket is available. Generally, the following have NOT been recognized as valid reasons for voiding citations:

- Ignorance of the regulations
- Late arrival for classes, appointments, etc.
- Inability to find a convenient legal parking space
- Inclement weather
- Returning to campus late at night

## **Appeal Procedure**

- Appeals must be filed in writing with Campus Safety within five (5) working days of receipt of ticket. (Receipt is defined as the day following the issuance of the ticket.)
- Reviews will be considered on the basis of the written record. (Individuals may appear before the review panel upon request.)
- The Parking Committee may uphold or withdraw the original ticket.
- The Parking Committee shall review the ticket after submission of the Appeals Form.
- The Parking Committee may, at its discretion, seek clarification from all parties involved in the matter under review.
- Findings of the Parking Committee are **final**.
- The Parking Committee's decision will be mailed to the address listed on the application.
- Correspondence will not be mailed to any incomplete address listed on an appellant's application.
- Any correspondence returned to sender will not be sent a second time.

\*\*This sheet is for information only. Please do not turn in with appeal application.\*\*

#### virginia State University **Parking Appeals Committee** PARKING CITATION

#### "RIGHT OF APPEAL" APPLICATION

(An application must be filed for each citation.)

The "Right of Appeal" Application must be filed within a period of five (5) business days of the date on which the citation was written. Late applications will not be processed. PLEASE PRINT LEGIBLY

PARKING CITATION #:	DATE ISSUED:	DECAL #:
NAME:	SSN/ID # STATE OF REGISTRATION:	
LICENSE PLATE NO:		
(Please specify a complete mailing ad	ldress to which notifications/in	formation should be forwarded.)
ADDRESS:		
Street	City/State	Zip
<b>TELEPHONE:</b> ( )	ALTERNATE PHONE: ( )	
Explain reason for review (attach add	itional sheet if more space is nee	eded):
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I CERTIFY THAT THE ABOVE STAT KNOWLEDGE AND BELIEF.	TEMENT IS TRUE AND ACCUR	RATE TO THE BEST OF MY
Signature		Date
Date Review Form Received	Received	by
Comments:		