

Virginia State University  
Parking Appeals Committee  
**"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, inclusive of the date on which the citation was written.

APPEAL OF PARKING CITATION #- \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ DECAL # \_\_\_\_\_

DECAL TYPE:  FACULTY  STAFF  STUDENT  VISITOR

ID # \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

LICENSE PLATE NO. \_\_\_\_\_ STATE OF REGISTRATION: \_\_\_\_\_

**(Please specify mailing address to which notifications/information should be forwarded)**

ADDRESS: \_\_\_\_\_  
Street City/State Zip Code

TELEPHONE: ( ) \_\_\_\_\_ ALTERNATE PHONE: ( ) \_\_\_\_\_

I REQUEST A REVIEW OF THE ABOVE REFERENCED CITATION FOR THE REASON STATED BELOW. I UNDERSTAND THAT I WILL BE INFORMED BY MAIL OF THE TIME, DATE AND PLACE OF THE APPEAL. I ALSO UNDERSTAND THAT I HAVE THE OPTION TO APPEAR ON MY BEHALF OR HAVE THE APPEAL REVIEWED IN MY ABSENCE.

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I CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
**WILL APPEAR AS MY WITNESS AS MY CORROBORATING WITNESS.**

FOR PARKING APPEALS PANEL USE ONLY

\*APPEAL DENIED FAILURE TO FILE WITHIN PRESCRIBED TIME  APPEAL DENIED FINE IMPOSED \$ \_\_\_\_\_

\*APPEAL DENIED FAILURE TO APPEAR (NO SHOW)  APPEAL UPHELD

\_\_\_\_\_  
CHAIRPERSON DATE

\_\_\_\_\_  
PANEL MEMBER PANEL MEMBER PANEL MEMBER

\*FAILURE TO FILE AN APPEAL APPLICATION WITHIN PRESCRIBED TIME AND FAILURE TO APPEAR ON SCHEDULED APPEALS DATE WITHOUT TIMELY NOTIFICATION ARE GROUNDS FOR AUTOMATIC APPEAL DENIAL.

PLEASE ATTACH A COPY OF TICKET TO APPLICATION AND DEPOSIT IN PARKING APPEALS BOX, LOCATED IN THE LOBBY AREA - DEPARTMENT OF POLICE & PUBLIC SAFETY.