



PARKING CITATION APPEAL

For Review and Hearing by the Parking Appeals Committee

Name _____ Telephone _____
 Address _____ Student ID _____
 City _____ Citation #(s) _____
 State _____ License Plate# _____
 Zip _____ SMSU Permit Color _____ Permit # _____

Please Check One

Student Staff Other _____
 Faculty Guest

Do you want to be present at the hearing?

Date of Citation _____
 Time of Citation _____
 Location of Citation _____

Explain reason for appeal (attach additional sheet if more space is needed)

 Signature Date

To Be Completed by SMSU

Date Appeal Received _____ Received By _____

University Parking Services Comments:

Number of Prior Citations _____ Number of Unpaid Citations _____

Warning-No Fine Citation Dismissed
 Citation Upheld Fine Reduced to _____ (Payment to be made at Cashier's Window IL132)

Comments of Committee:

_____ Parking Appeals Committee Chairperson	_____ Date	SMSU Parking Services Use Only Date Paid _____ Amount _____ Date Voided _____ Amount _____
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