"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 # ______________________

LICENSE PLATE NO: ______________________ STATE OF REGISTRATION: ________________

(Please specify a complete mailing address to which notifications/information should be forwarded.)

ADDRESS: ________________________________________________________________

Street City/State Zip

TELEPHONE: ( ) _______________ ALTERNATE PHONE: ( ) _______________

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

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

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

______________________________________________________________________________

Signature Date

Date Review Form Received __________________________ Received by __________________________

Comments:

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

Signature Date

(Revised July 2013)
40201