



EMU Parking Citation Appeal Form

Please complete this form, **attach the citation** in question and forward to the Business Office within (7) days of receipt of the violation in order to be considered. Notification of the decision of the Parking Appeals Committee will be delivered as an email.

Name _____

ID # _____ Date of Citation _____

Citation # _____ License Plate # _____

Parking Permit # _____ Today's Date _____

Email Address _____

You may use the back of this form to explain clearly and concisely the basis for your appeal. Please attach any corroborating evidence or statements.

In accordance with EMU parking and vehicle regulations currently in effect, I wish to appeal the aforementioned traffic citation. My signature indicates that I will consent to abide by the final ruling of the committee.

Signature _____

For Committee Use:

Date _____ Notice Sent _____

Appeal Upheld _____ Appeal Denied _____