

## **Parking Violation Appeal**

## **Traffic and Parking Review Board**

\*\*\*\*\*\*\*\*TICKET MUST BE ATTACHED\*\*\*\*\*\*

## Appeals must be received in the Business Office within ten (10) days of the date you received the citation being appealed

	I	Date of Appeal	/ /
Name		USM ID	
Ticket Number	Date	of Ticket	/ /
USM Permit No.	Telephone No.	( )	-
Campus or Local Address			
City	State	Zip	
Vehicle Make	License No.	Sta	te
Provide full and accurate explanation	on detailing basis for appeal. Attac	h additional page	s if needed.
"I affirm that the forgoing represen	tations are true".		
Signed		Date	/ /
	**Do not write below this line*	*	
Appeal Decision: Approved Denied	Send to Business Office to remov Send notice to student/faculty/sta		nt account.
Comments (if applicable):			