Parking Appeal Form

Name		Stu	dent ID or Faculty/Staff UIN	
Please Check One:	Student	Faculty	Staff	
Address		Co	ntact Number	
City, State and Zip		- Cit	ation Number	
Email Address				
	Writter (Please us	ո Appeal e space լ		
Appellate Signature			Date	
Approved	Disapprove	ed	Reduced Fine \$	
Signature of Parking A	Anneals Com	mittee Cha	 ir Date	