

# University of Toledo Parking Ticket Appeal Form

1. Ignorance of the rules is not an excuse. Drivers are responsible for knowing the regulations, copies of which are available at both the Parking Services and the Parking Enforcement offices.
2. A parking permit is not a guarantee of a parking space close to your building; the driver is responsible for finding a valid parking spot.
3. The registered permit holder is responsible for any ticket issued to any vehicle on which their permit is displayed.
4. The right to appeal a citation is forfeited if an appeal is not filed within 30 days of the violation. One citation per appeal form.

*Please print all information neatly. Incomplete or illegible appeals will not be considered.*

Name (last,first): \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Local address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Complete this form exactly as the information appears on your citation or notice of violation.*

Citation/Ticket #: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Officer ID: \_\_\_\_\_

Location: \_\_\_\_\_ Violation #: \_\_\_\_\_ Amount of Fine: \$ \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Officer remarks: \_\_\_\_\_

**IMPORTANT – PLEASE READ:** I hereby attest I have read all of the information on this form, and that I have given the correct information regarding the ticket I am appealing. (Unsigned appeals will not be considered).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Faculty/Staff – Department/Office: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Statement concerning appeal (attach additional sheet if necessary):

**NOTE:** Appellants who wish to appeal the decision of the Parking Appeals Officer may schedule an appointment to personally appeal the decision to the Parking Appeals Board. The request for a personal appeal must be made within seven days of the initial decision of the Parking Appeals Officer. To file a second appeal and schedule a personal appearance before the Board, you must call 419.530.8594 within seven days of the denial of your first appeal by the Parking Appeals Officer.

**DO NOT WRITE BELOW THIS LINE**

Decision:

File Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

[    ] **Liable**

[    ] **Not Liable**

[    ] **Partial Appeal**

[    ] **Fine**

[    ] **Surcharge**

Total Charges \$ \_\_\_\_\_

\_\_\_\_\_  
Parking Appeals Officer