

TICKETS MUST BE ATTACHED  
Appeals must be received in Parking Office  
within ten (10) days of date of occurrence

-----  
Name \_\_\_\_\_ ID# \_\_\_\_\_ Telephone \_\_\_\_\_

Ticket Number \_\_\_\_\_ Date of Ticket \_\_\_\_\_ Date of Appeal \_\_\_\_\_

Campus (or) Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Vehicle make \_\_\_\_\_

License \_\_\_\_\_ State \_\_\_\_\_ Decal Number \_\_\_\_\_  
-----

Provide full and accurate explanation detailing basis for appeal.  
(Attach additional pages if needed.)

I affirm that the foregoing representations are true .  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
\*\* Do Not Write Below this Line \*\*  
-----

Decision:  
Comments:

Entered HP \_\_\_\_\_ Verdict Entered HP \_\_\_\_\_ Notice Sent \_\_\_\_\_

\*Parking Office, Campus Security Building, Notre Dame, IN 46556 - 5675

