Northern Illinois University
Campus Parking Services and
Department of Public Safety

PARKING APPEAL FORM

EMPLOYEE/Z-ID NO. ____________________________

TELEPHONE NO. ______________________________

NAME ________________________________

ADDRESS ________________________________

CITY, STATE, ZIP ______________________________

ATTACH TICKET OR COPY OF TICKET

TICKET NO. ________________________________

DATE ISSUED ________________________________

TIME ISSUED ________________________________

LOCATION ________________________________

PERMIT NO. ________________________________

LICENSE ________________________________

OFFICER NO. ________________________________

VIOLATION NO. ________ AMT.$ ________

WRITE REASON FOR APPEAL BELOW. YOU MUST PROVIDE WRITTEN, SPECIFIC AND VERIFIABLE FACTS THAT WILL SUSTANTIATE YOUR APPEAL. ATTACH AFFIDAVITS (AUTO REPAIR SLIPS, MEDICAL SLIPS, ETC.). A SEPARATE FORM IS REQUIRED FOR EACH VIOLATION, UNLESS VIOLATIONS ARE DIRECTLY RELATED.

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I HEREBY AFFIRM THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE ____________________________ DATE ____________________________

PARKING OFFICE COMMENTS

ISSUING OFFICER COMMENTS

ACTION OF APPEALS BOARD

APPROVED

REASON OR COMMENT

DENIED*

SPECIAL INSTRUCTIONS

DATE & SIGNATURE

APPEALANT MAY REQUEST A PERSONAL APPEAL WITHIN 10 CALENDAR DAYS OF DENIAL DATE. A SECOND WRITTEN APPEAL MAY BE SUBMITTED IN LIEU OF PERSONAL APPEAL. THE DECISION OF THE PARKING APPEALS COMMITTEE IS FINAL.