Northern Illinois University
Campus Parking Services and
Department of Public Safety
PARKING ASSESSMENT 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	DATE & SIGNATURE
	DENIED*			
	SPECIAL INSTRUCTIONS			

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.