

**ILLINOIS STATE UNIVERSITY
OFFICE OF PARKING AND TRANSPORTATION
PARKING CITATION APPEAL FORM**

DATE SUBMITTED: _____ CITATION #: _____

PERMIT #: _____ UID #: _____

NAME: _____

STREET ADDRESS: _____ APT #: _____
(Campus mailing addresses will not be accepted.)

EMAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ LICENSE PLATE #: _____

IMPORTANT: THE WRITTEN STATEMENT THAT YOU PROVIDE ON THIS FORM IS WHAT IS CONSIDERED BY THE APPEAL OFFICER. THERE IS NO APPEARANCE REQUIRED BY THE APPELLANT SO MAKE SURE THAT YOUR WRITTEN STATEMENT IS COMPLETE. *CONTINUE ON THE BACK OF THE FORM IF NECESSARY.* PLEASE PROVIDE A CONTACT NUMBER SO THAT YOU MAY BE REACHED IF THE APPEAL OFFICER HAS ANY QUESTIONS REGARDING YOUR WRITTEN STATEMENT. APPEALS ARE REVIEWED ON THE 1ST AND 15TH OF EACH MONTH. A DETERMINATION FORM WILL BE SENT TO EACH APPELLANT EXPLAINING THE OUTCOME OF THE APPEAL. DETERMINATION NOTIFICATIONS WILL BE SENT TO YOUR EMAIL ADDRESS AND REFUNDS ARE MAILED TO THE ADDRESS YOU INDICATE ON THIS FORM SO PLEASE BE SURE THAT THIS INFORMATION IS ACCURATE AND COMPLETE.

I FEEL THAT MY APPEAL SHOULD BE GIVEN CONSIDERATION FOR THE FOLLOWING REASONS:

I AFFIRM THAT THE ABOVE STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE DATE

THIS APPEAL FORM MUST BE RETURNED TO THE OFFICE OF PARKING AND TRANSPORTATION, 709 N. MAIN ST., CAMPUS BOX 9250, NORMAL, IL 61790-9250 WITHIN SEVEN (7) DAYS OF CITATION DATE TOGETHER WITH PAYMENT OF THE CITATION.