

**PARKING CITATION APPEAL FORM
EMORY UNIVERSITY PARKING SERVICES
1701 Lowergate Drive, Atlanta, GA 30322
404-727-6106**



INVALID GROUNDS FOR APPEAL INCLUDE:

1. Lack of knowledge of the Rules and Regulations.
2. Lateness to class or appointment.
3. Inability to find a legal parking space.
4. Other vehicles also parked improperly.

APPELLANT INFORMATION

(Directions: Please complete this section and Appeal Information section below. Please print.)

NAME: _____ EMORY EMPLOYEE/STUDENT ID: _____
(Last, First, Middle Initial)

ADDRESS: _____ EMAIL ADDRESS: _____

CITY/STATE/ZIP: _____ LICENSE PLATE/STATE: _____ | _____

APPEAL INFORMATION

1. TYPE OF APPEAL (Check one):

- Written OR
 Personal Appearance

(SPECIAL INSTRUCTIONS FOR PERSONAL APPEALS: Not required to submit written explanation below. Your Personal Appearance Appeal will be heard on ____ | ____ | ____ at ____ P.M. at _____ .

2. CITATION NUMBER (S) for all tickets appealed: _____ | _____ | _____ | _____
 _____ | _____ | _____ | _____ | _____ | _____ | _____

3. EXPLANATION OF REASON FOR APPEAL (Directions: Attach ticket(s) and/or tow receipt for all tickets appealed. If more room is needed, please use reverse side of white original. Supporting documentation should be attached.)

I hereby affirm that the statements made herein are true and complete. ALL DECISIONS ARE FINAL.

DATE: ____ | ____ | ____ SIGNATURE: _____

PARKING APPEALS COMMITTEE USE ONLY	
DISPOSITION	DATE ____ ____ ____
<input type="checkbox"/> GUILTY _____	
<input type="checkbox"/> GUILTY/FINE SUSPENDED _____	
<input type="checkbox"/> GUILTY/FINE REDUCED _____	
<input type="checkbox"/> NOT GUILTY _____	
<input type="checkbox"/> VOID _____	
AMOUNT TO BE REFUNDED, IF APPLICABLE \$ _____	