Colorado Mesa University - Parking Services Department
Citation Appeal Form 2013/2014

OFFICE USE ONLY: **Date Appeal Received**

You have **TEN (10) DAYS** after citation date to file an appeal. Appeals filed after ten days will be denied.
Attach citation(s) you are appealing. Complete each section entirely. **All information must be complete (including narrative section and signature on reverse) or this appeal will not be considered**.

Section 1 –– Customer Information/ Citation Information
I am filing this appeal as a: _____Student _____Faculty/Staff _____Visitor

CMU Student ID 700# **7 0 0**	**Date Citation Issued:**
Name:	**Phone # (include area code):** **( )**
Mailing Address:	**City/State/Zip:**
CMU Email Address: **@coloradomesa.edu** **@mavs.coloradomesa.edu**	**Visitor Email Address:**
Citation #:	**Parking Permit #:**
Make/ Model/ Year:	**License Plate #:**

The information above must be complete or this appeal will not be accepted!

Section 2 –– Guidelines for Filing an Appeal:

1. All evidence available will be used in the decision. Please submit it all evidence with the appeal at the time of submission.
2. The questions that parking appeal committee members ask when reviewing appeals are:
   a. Did a violation occur?
   b. Was the violation avoidable?
3. Be **CLEAR** when explaining your situation.
4. Be **RELEVANT** and **POLITE** in presenting your case.
5. The following reasons are considered as frivolous for appeal:
   - Ignorance of the parking procedures and rules
   - Other vehicles were parked improperly
   - Only parked illegally for a short period of time
   - Stated failure of parking officer to ticket previously for similar offenses
   - Late to class or appointment
   - Inability to pay the amount of the fine
   - Unable to find a parking space
   - Persons other than members of Parking Services telling you that you could park there
6. The Appeal Committee is made up of faculty, staff, police officers, and students. The Appeal Committee is operated independently of the Parking Services Department, and its' decision is final.
7. The Appeal Committee meets once a month and you will receive a decision from the Committee within sixty (60) days of the submittal.
8. This form may be submitted to the Parking Services office located in the University Center at the Information Desk.

Please complete Section 3, and sign and date on reverse side of this page.

Section 3 – Appeal Details

The following is a complete description of the details of the case. In general, such circumstances as ignorance of the rules, inability to find a parking space, or financial hardship caused by the fines do not constitute a sufficient basis for approval of an appeal. **Please be concise and limit this narrative to 500 words or less.**

I have completely read this appeal and provided truthful and accurate information to the best of my ability. I understand that the decision of the Appeal Committee is final.

Signature **Date**

Office Use ONLY- do not write in this box.

Previous History:

Appeal Committee Decision:
___Appeal Granted
___Appeal Reduced to $_____
___Appeal Denied

Notified by:
___Email
___Phone
___Other