

# PARKING CITATION APPEAL FORM

## PARKING AND SECURITY OFFICE

Telephone (770) 423-6506 Fax (770) 423-6753

Return to: Parking, House # 48

### Mailing Address

### Key Information

Name \_\_\_\_\_

KSU ID# \_\_\_\_\_

Street \_\_\_\_\_

License Plate # \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_

Vehicle Make \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Model \_\_\_\_\_ Color \_\_\_\_\_

Phone \_\_\_\_\_

Parking Permit # \_\_\_\_\_

E-mail \_\_\_\_\_

Citation # \_\_\_\_\_

**A PARKING APPEAL MUST BE MADE WITHIN NINE (9) CALENDAR DAYS OF ISSUANCE OF THE PARKING CITATION**

A lost ticket, forgetfulness, parking only for a short period, failure to display permit, state violations and/or not seeing the signs are unacceptable grounds for appeal. Incomplete appeals will not be heard.

**\*\*To avoid a penalty surcharge, all associated fine amounts must be paid to the Bursar's Office within nine (9) calendar days, whether or not an appeal is forthcoming.**

**Nature of the Appeal** - In the space below, state with clarity all reasons and basis for appeal. ONLY ONE PARKING CITATION APPEAL PER APPEAL FORM. Please write legibly and be very specific. **PLEASE NOTE THAT THE FINAL DECISION OF THE COMMITTEE WILL ONLY BE SENT VIA E-MAIL TO THE ADDRESS PROVIDED ON THE APPEAL FORM.** <http://www.kennesaw.edu/parking>

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I hereby certify that the above is true and accurate statement of my appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE CHECK ONE:

FACULTY

STAFF

VISITOR

**FOR INTERNAL USE ONLY**  
**Please do not write in the shaded area!**

Appeal Granted  Yes  No Date of meeting \_\_\_\_\_ Date Mailed \_\_\_\_\_

Basis \_\_\_\_\_

**Parking Use Only**

Rec'd by: \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Unappealable \_\_\_\_\_

Forwarded to \_\_\_\_\_

FINE AMOUNT \$ \_\_\_\_\_