

PARKING CITATION APPEAL FORM

PARKING OPERATIONS OFFICE

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

Return to: Parking, House #48

Or

Welcome Center, Visitor's Lot

Mailing Address

Name _____
Street _____
City _____
State _____ Zip _____
Phone _____
E-mail _____

Key Information

KSU ID# _____
License Plate # _____ State _____
Vehicle Make _____
Vehicle Model _____ Color _____
Parking Permit # _____
Citation # _____

A PARKING APPEAL MUST BE MADE WITHIN FOURTEEN (14) 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 fourteen (14) 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>

I hereby certify that the above is a 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 \$ _____