

THIS AREA IS FOR OFFICE USE

Florida International University
Department of Parking & Transportation
CITATION APPEAL FORM

Appeal Date:
Appeal #

Clerk: Date:
Valid Decal: YES or NO
Date Issued:

An Appeal Hearing Officer will review this appeal.
Appellants do NOT have the option to appear in person.
This appeal form must be submitted no later than ten (10) business days from the date of the citation.

() STUDENT () FACULTY/STAFF () VISITOR () VENDOR/CONTRACTOR

PLEASE PRINT

PANTHER ID LICENSE PLATE
NAME CITATION #
ADDRESS CITATION DATE
CITY ST ZIP VIOLATION CODE
HOME PHONE VIOLATION DESC.
E-MAIL LOT /UNIT /TIME

I wish to appeal for the following reason (s):

I certify that the statements made above are true and correct to the best of my knowledge and belief. I understand that the decision of the appeal hearing officer is final without further right of review. Once I receive my appeal results, whether denied or reduced, I agree to pay the amount due within ten (10) business days after receiving the appeal results. If payment is not received within the allotted time, a late fee will be assessed. If appeal status notification has not been received within two (2) weeks from signature date, it is the appellant's responsibility to conduct a follow up by calling any of our Parking & Transportation offices at UP Campus (305) 348-3615 or BBC (305) 919-5558.

SIGNATURE: DATE:

() DENIED () GRANTED () WARNING: NO FINE ISSUED () REDUCED FINE TO \$

APPEAL HEARING OFFICER COMMENTS:

APPEAL HEARING OFFICER: DATE: