

CLERK _____ DATE: _____

Florida International University

APPEAL DATE: _____

Parking and Traffic CITATION APPEAL FORM

APPEAL # _____

Office Use Only

**THIS APPEAL WILL BE REVIEWED BY AN APPEAL HEARING OFFICER.
APPELLANTS DO NOT HAVE THE OPTION TO PERSONALLY APPEAR.**

APPEAL FORMS MUST BE TURNED IN NO LATER THAN 10 BUSINESS DAYS FROM THE DATE OF CITATION.

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

PLEASE PRINT

STUDENT#/SS #: _____

CITATION #: _____

NAME: _____

DATE OF CITATION: _____

ADDRESS: _____

VEHICLE PLATE #: _____

CITY: _____ ST: _____ ZIP: _____

DECAL/PERMIT #: _____

HOME PHONE #: _____

VIOLATION CODE: _____

ALTERNATE PHONE #: _____

(08) OTHER SPECIFY: _____

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 10 business days after receiving the appeal results. If the fine is not received within the allotted time a late fee will be assessed.

SIGNATURE: _____

DATE: _____

FOR APPEAL HEARING OFFICER USE ONLY

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

APPEAL HEARING OFFICER COMMENTS: _____

APPEAL HEARING OFFICER: _____

DATE: _____