SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

PARKING AND TRAFFIC APPEAL

Please print or write legibly

Name: _____ Date of Appeal: _____

Local Address: _____ Decal Number: _____

City: _____ State: _____ Zip_____ Ticket Number: _____

Phone: (_____) _____

Check one:

❍ Student

❍ Faculty

❍ Staff

❍ Other

Documents substantiating this statement should be attached. You may mail or hand carry this form to the Parking Services office, located in the Rendleman Hall, Room 1113. You ***must*** include your payment and copy of the ticket you are appealing with this form. *Failure to answer all information asked for on this form may void appeal.*

I wish to appeal on the following grounds (*use additional paper or reverse side of this form if necessary.)*

_____

_____

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_____

_____

_____

The undersigned certifies, under penalty of law, that all the above statements are true.

_____ _____ _____

(Signature) *(Student ID# or Employee SS#)* *(License Number)*

Do not write in this area.

❑ Granted ❑ Denied Date: _____ _____

Parking Services ~ Box 1044
Southern Illinois University Edwardsville
Edwardsville, IL 62026-1044
Phone: 618/650-3680

Rev. 10/06