ILLINOIS STATE UNIVERSITY
PARKING CITATION APPEAL APPLICATION

DATE OF APPEAL: 8/29/07 **PERMIT #:** _____

NAME: _____ **SOCIAL SECURITY #:** _____

ADDRESS: _____
Address City State/Zip

CITATION #: _____ **VIOLATION #:** _____ **LICENSE PLATE #:** _____

I FEEL THAT MY APPEAL SHOULD BE GIVEN CONSIDERATION FOR THE FOLLOWING REASONS:

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I AFFIRM THAT THE ABOVE STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____
SIGNATURE DATE

THIS APPEAL FORM MUST BE RETURNED TO PARKING SERVICES, 709 N. MAIN ST., NORMAL, IL 61790-9250, WITHIN SEVEN (7) DAYS OF CITATION DATE TOGETHER WITH PAYMENT OF THE CITATION.

(FOR OFFICE USE ONLY)

CITATION RECORD AND REMARKS:

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APPEAL APPROVED: _____ DATE: _____

APPEAL DISAPPROVED: _____ DATE: _____ OFFICERS INITIALS _____

ACTION: _____

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