

Today's date _____

Student Employee Guest
I'm appealing for: Myself Another Person

Vehicle operated by _____

Address

Ticket number _____ date ticket issued _____

Name (Print) _____

Signature _____

Local address

Phone # _____

NOTICE: To appeal a parking violation notice: TICKET MUST BE PAID and this form must be completed and returned to the Department of Public Safety, Thorn I, CUPA, Clarion, PA 16214 within 72 hours of receipt of parking ticket. Appeal will be reviewed according to the Parking Regulations. Failure to file completed appeal within specific time will void the appeal.

Parking Committee Use Only

Date of decision _____

Decision: Approved Denied Denied in Part
 Other _____

Refund: \$ _____ Violation # _____

Reason: _____

Appeal Information (Tear off and keep for your records)

Ticket number _____ Date of appeal _____

Appeal will be reviewed and a decision made within thirty (30) days of receipt of this form. Persons making appeals will be notified of action taken on appeal by U.S. Mail or Clarion University Campus Mail. Payment will be returned to above address if appeal is approved.

Parking Committee
Clarion University of Pennsylvania

