

**University of Utah Commuter Services
PARKING VIOLATION APPEALS
COMMITTEE
Referral Form**

PLEASE PRINT LEGIBLY

Today's Date _____

Name _____ University ID (UNID) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Vehicle License Plate # _____

PARKING VIOLATION APPEALS COMMITTEE PROCEDURES

1. This form must be filled out by the appellant **within 10 days of the original appeal decision**. The completed form must be returned to Commuter Services either by e-mail to ucsappeals@umail.utah.edu, or by in person/postal mail to: 311 Fort Douglas Blvd, Salt Lake City, Utah 84113
2. The citation(s) being appealed must be paid in full before appealing to the Appeals Committee to avoid additional fine increases.
3. The Appeals Committee is a student/staff/faculty/alumni committee, which hears and adjudicates cases involving parking citations. The committee meets as needed. The date the committee will hear this appeal will be emailed to the appellant per the information provided above.
4. The appellant may present their own case or they may have a representative of their own choosing. An attorney may be present at the hearing but may not formally represent the appellant since this is an administrative process not a court of law. ***An appellant accompanied by an attorney must notify the committee secretary one week prior to the committee meeting.***
5. The committee members will review the parking history prior to the meeting to be prepared for any questions that may arise during your presentation. You will be placed in a waiting area until your scheduled time. When the committee is ready you will be called in to present your case and answer questions from the committee. When the committee members feel they have sufficient information to render a decision, the appellant will be excused. The committee will then discuss the case and vote on a decision. You will receive a notice of the committee's decision via email.
6. If the appeal is granted, a full or partial refund will be coordinated with the appellant per the decision notice. **The committee's decision is final, there are no further options to appeal.**

I have read and I understand the information on this page

Appellant Initials

TICKETS TO BE APPEALED

Ticket Number	Ticket Date	Amount Paid	Prior Appeal		If yes, how?		
			Yes	No	Online	Email	Mail
1.							
2.							
3.							
4.							
5.							
6.							
Are there additional tickets to appeal? (Enter additional ticket numbers below)			Yes	No			

State your reason(s) for appealing the ticket(s):

PLEASE PRINT:

The information represented in this appeal is accurate and true to the best of my knowledge.

Appellant Signature

Date