EASTERN OREGON UNIVERSITY

PARKING CITATION APPEAL FORM

Complete this form within 10 days from the date of the citation and return to the Student Accounts Office, Inlow Hall #119. All appeals will be considered under Administrative Rules 579-070-0005 – 579-070-0050 as currently revised. You will be notified by mail of the Parking Committee decision.

Citation Number:_____ Citation Date:_____ Permit Number:_____

Name:_____ Soc. Sec. Number:_____

Address:_____ Phone Number:_____

_____ VISITOR_____STUDENT_____STAFF_____
(City, State, Zip Code)

The following information is provided in support of this appeal: (Use back of this form if necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature_____ Date_____

I wish to appear before the Parking Appeals Committee in person: YES_____ NO_____

COMMITTEE DECISION: Excused_____ **Denied**_____ **Other** _____

Reason:_____
_____
_____

Signature: _____ **Date:**_____