APPFRM

Received _____
Reviewed_____
Committee _____
Returned _____

UAF Traffic Appeals Committee
Parking Citation Appeal Form
Please Read Carefully Before Completing

Upheld _____
Denied _____
Reduced_____
Warning _____

1. Any written appeal for consideration by the **Traffic Appeals Committee** is to be made at the Transit and Parking Department within **five class days** after the date of the ticket. After five days, the ticket may still be appealed, however, it must be paid first. Your copy of the ticket must be filed with the appeal. **Each ticket must be appealed on a separate form.**

2. Once the vehicle has been booted or towed, all tickets mus be paid before they can be appealed.

3. A processing fee of $10 per ticket will be charged when the appeal is filed. The fee will be refunded if the appeal is **upheld**.

4. An appeal must address the violation and be based on very extenuating circumstances that caused the violation of the parking and traffic regulations, before it will be reviewed by the Appeals Committee. **A lost ticket, forgetfulness, parking only for a short period, failure to display a parking permit, and/or not seeing the signs are not grounds for an appeal.**

5. The initial **written appeal** will be reviewed to determine if it meets administrative guidelines. If it does not, the initial appeal will be denied. If denied, the appellant may present his/her case orally before the entire Traffic Appeals Committee, provided the administrative guidelines have been met. An appointment for an oral appeal may be made by contacting the Transit and Parking Department at **575-8738.**

6. I have read the UAF Parking and Traffic Regulations: ☐ Yes ☐ No Email _____

Please Type or Print Legibly ☐ Faculty/Staff ☐ Student ☐ Visitor

Appellant Name _____ ID# _____
Last/Family First MI

Appeal Address _____ Phone _____
Street Address City State Zip

Permanent Address _____
Street Address City State Zip

Citation# _____ Date of Ticket_____

Reason(s) for Appeal (Be specific, use back of page if necessary):

Date:_____ Signature:_____