

NOTICE OF APPEAL

Health Sciences Center Parking & Transportation Services Parking Violation/Claims Appeal Form

Name: _____ Date Submitted: _____
(Please Print) Employee / Student ID: _____
Home Mailing Address: _____ Visitor Drivers License: _____
Phone: Campus _____ Home _____
City: _____ Current Permit No.: _____
State: _____ Zip: _____ Employee _____ Student _____ Visitor _____

Citation No.: _____ Citation Date: _____
License Plate No./State: _____
Violation: _____ Citation Fee: \$ _____

REASON FOR APPEAL: Please provide a clear, concise description of circumstances and rationale for appeal. Use back of sheet if necessary; attach any supporting documentation that may assist in your appeal. The Appeals Committee can act only on the stated appeal, although they may use your violation history in reaching its decision. **It is not a policy-making committee.**

Appellant's Signature: _____ **Date:** _____

To be considered, a completed *Notice of Appeal* form and payment (a bond in the amount of the fine) must be received at the OUHSC Parking Office within 10 days of the citation issuance date. The OUHSC Parking & Transportation Appeals Committee will review the information provided and make a decision. You will be notified of the decision by mail. The decision of the Appeals Committee is final.

Please check one statement:

I DO I DO NOT desire to appear and present additional information to the Appeals Committee.

ACTION OF APPEALS COMMITTEE

Written Appeal: ___ Sustained ___ Denied ___ Reduced **Oral Appeal:** ___ Sustained ___ Denied ___ Reduced
Refund Authorized: ___ Yes ___ No **Refund Authorized:** ___ Yes ___ No

COMMENTS: _____

Signature, Appeals Committee/Chair: _____ Date: _____