Florida A&M University
Parking Services
Parking and Traffic Appeal Form

Type of Appeal
Citation  __  Booting  __  Towing  __  Date:  ________________

Affiliation
☐ Staff  ☐ Faculty  ☐ RES Student  ☐ COM Student  ☐ Vendor  ☐ Visitor

Name: ___________________________________  SS# __________________________

Local Address
Street/P.O. Box  Apt.  City  State/Zip

Perm. Address
Street/P.O. Box  Apt.  City  State/Zip

Local Phone  ____  Permanent Phone  ____

Vehicle Owner’s Name  ___________________________________  Phone  ____

Vehicle Owner’s Address
Street/P.O. Box  Apt.  City  State/Zip

Description of Vehicle
Make  __________  Model  __________  License Plate#  __________  State  __________  Univ. Decal #

Citations Being Appealed (1)  ____________________________________________________________
(2)  ____________________________________________________________

Note: Excuses of not having time to appeal and not receiving billing notice timely are not appealable.
Please state why you neglected to respond to the citation(s) within the allotted time period or state the
provisions of the Parking and Traffic Regulations Handbook on which you are basing your appeal.

Please state the basis of your appeal (Use attachments if necessary):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature ________________________________________________________________

The appeal process is governed by University Parking and Traffic Regulations, Sections 14 & 17, effective
October 1, 1996.

UNIVERSITY PARKING SERVICES ONLY

Mediator’s Ruling:  _____ Guilty  _____ Not Guilty  Date:  ________________

Mediator’s Name ___________________________________  Signature ________________

Comments ________________________________________________________________
                                                                                   

Hearing Date  ________________  UTA’s Ruling:  _____ Guilty  _____ Not Guilty

Chairman of UTA Panel ___________________________________  Signature ________________

Total Due $ __________________  Deadline Date  __________________

Payment Accepted by Cashier (Signature) __________________________________________