

Northern Illinois University
Campus Parking Services and
Department of Public Safety

PARKING ASSESSMENT APPEAL FORM

EMAIL_____

EMPLOYEE/Z-ID NO._____

TELEPHONE NO._____

NAME_____

ADDRESS_____

CITY, STATE, ZIP_____

ATTACH TICKET OR COPY OF TICKET

TICKET NO._____

DATE ISSUED_____

TIME ISSUED_____

LOCATION_____

PERMIT NO._____

LICENSE_____

OFFICER NO._____

VIOLATION NO._____ AMT.\$_____

WRITE REASON FOR APPEAL BELOW.
YOU MUST PROVIDE WRITTEN, SPECIFIC AND VERIFIABLE FACTS THAT WILL SUBSTANTIATE YOUR APPEAL.
ATTACH AFFIDAVITS (AUTO REPAIR SLIPS, MEDICAL SLIPS, ETC.).
A SEPARATE FORM IS REQUIRED FOR EACH VIOLATION, UNLESS VIOLATIONS ARE DIRECTLY RELATED.

I HEREBY AFFIRM THAT ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE_____ DATE_____

PARKING OFFICE COMMENTS			
	ISSUING OFFICER COMMENTS		
	ACTION OF APPEALS BOARD	APPROVED DENIED* SPECIAL INSTRUCTIONS	REASON OR COMMENT

DATE & SIGNATURE

APPELLANT MAY REQUEST A PERSONAL APPEAL WITHIN 10 BUSINESS DAYS OF DENIAL DATE.
A SECOND WRITTEN APPEAL MAY BE SUBMITTED IN LIEU OF PERSONAL APPEAL.
THE DECISION OF THE PARKING APPEALS COMMITTEE IS FINAL.