

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

**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.**