



# Department of Parking and Transportation

## UNIVERSITY ISSUED PARKING CITATION AND TOWING / VEHICLE IMMOBILIZATION APPEAL FORM

An Appeal Hearing Officer will review this appeal pursuant to University Rule 6C13-1.003.

This appeal form must be received by the Department of Parking and Transportation no later than ten (10) business days from the date the citation was issued or the appeal will be denied.

**COUNTY CITATIONS ARE NOT OPEN TO APPEAL THROUGH THIS PROCESS.**

Appeal is related to: ☐ PARKING CITATION ☐ TOWING / IMMOBILIZATION / IMPOUNDING

NOTE: Towing / Impounding / Immobilization procedure or charges will be reviewed within 2 business days after receipt of Appeal Form

☐ STUDENT ☐ UNIVERSITY EMPLOYEE ☐ VISITOR ☐ VENDOR/CONTRACTOR

**PLEASE PRINT THE INFORMATION REQUESTED BELOW**

STUDENT/UNIVERSITY EMPLOYEE ID #: \_\_\_\_\_

CITATION #: \_\_\_\_\_

NAME: \_\_\_\_\_

CITATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VIOLATION CODE: \_\_\_\_\_

CITY: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**Note:** notices, including appeal decision, related to this Appeal Form will be sent to this e-mail address

I wish to appeal this citation for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements made above are complete, true and correct to the best of my knowledge and belief. I understand that the decision of the Appeal Hearing Officer, based on the appeal process is final without further right of review. Once I receive the appeal decision, if my appeal is denied or my fine is reduced, I agree to pay the amount due within **ten (10)** business days after the date the appeal decision is sent to me. If payment is not received by the Department of Parking and Transportation within the allotted time, a late payment charge of \$10.00 will be assessed.

APPELLANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Submit Appeal To: [appeals@floridapoly.edu](mailto:appeals@floridapoly.edu)

**THIS AREA IS FOR APPEAL HEARING OFFICER'S USE**

APPEAL DECISION: ☐ DENIED ☐ WARNING – NO FINE ISSUED ☐ REDUCED FINE TO \$ \_\_\_\_\_

DECIDED BY APPEAL HEARING OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

FINDINGS OF FACT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS AREA IS FOR OFFICE USE**

APPEAL DATE: \_\_\_\_\_ APPEAL #: \_\_\_\_\_ ENTERED BY CLERK: \_\_\_\_\_

DATE COPY OF APPEAL DECISION SENT TO APPELLANT: \_\_\_\_\_