

SSN/N# is required for ID in the database only and will be removed from this form before distribution. SSN/N#: _____

Instructions

Appeal requests must be received in the Parking Services Office (hand-delivered to Building 41/Room 1012, faxed to 904-620-1024 or mailed to Parking Services, University of North Florida, 4567 St. Johns Bluff Road, Jacksonville, FL 32224-2645) within 14 calendar days from the date of the citation. If you choose to appear before the Appeals Board, you will be notified by mail and/or e-mail (if provided) of your hearing date and time. If you fail to appear at the scheduled hearing or you do not submit a statement by 9:00 a.m. on the date of the hearing, your appeal will be automatically denied. If your appeal is denied, payment must be made within 14 calendar days or late fees and other penalties, including administrative action and vehicle immobilization may be assessed. Complete regulations are available online at www.unf.edu/parking.

Check appellant type and one appeal box:

Student OR Faculty, Staff or Visitor

I wish to appear before the Appeals Board. OR I wish to submit the written statement below.



NOTICE OF APPEAL

(Please Print)

Ticket No: _____
Name: _____
Address: _____
City: _____ ST: ___ Zip: _____
Daytime Phone No: _____

Date: _____
Ticket Date: _____
Apt. No: _____
E-mail: _____
Parking Permit No: _____

I appeal the above parking ticket, for the following reasons:

I certify that the statements made above are true and correct to the best of my knowledge and belief. I agree: by checking above, I wish to submit a statement or to appear; I will abide by the Appeals Board disposition of my appeal; and I acknowledge that, according to 6C9-11.010 (e) of the UNF parking regulations, the Appeals Board decision is final.

Signature: _____

Appeals Board Use Only	Appellant
Date: _____	
After reviewing the above case, it is the decision of this Board that the following disposition be made:	
<input type="checkbox"/> Appeal Denied <input type="checkbox"/> Appeal Denied – due to failure to appear	
<input type="checkbox"/> Appeal Approved <input type="checkbox"/> Appeal Denied – fine reduced	
Payment due in this case: \$ _____	
Members: _____	Time stamp here

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UNIVERSITY of NORTH FLORIDA. **NOTICE OF APPEAL**

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