

Parking Citation Appeal Form

Parking and Transportation Services Division
Building 500, A083
13001 E. 17th Avenue Aurora, CO 80045
Phone: 303-724-2555 Fax: 303-724-0079

You must enclose the citation (Ticket) or a copy of the Citation with this form.

Your appeal will not be considered if a copy of the citation is not enclosed!

Agreement: this form must be completed within seven (7) work days of the date on the citation and returned to the Parking and Transportation Office. If payment of any reduced fine, which the Appeals Referee sets as a result of an appeal determination, is not received by the Parking and Transportation Office within ten (10) working days of the decision, the original citation fine automatically becomes due and payable.

Citation Number: _____ **Date Issued:** _____

Personal Information (please print)

Name: _____

Address: _____ **City:** _____ **State:** _____

Email: _____ **Zip:** _____

Home Phone: _____ **Vehicle Owner's Name:** _____

Vehicle License Number and State: _____

Faculty / Staff **Student** **Other** _____

Signature: _____ Date: _____

Petitioner's Statement (Must be completed if appeal is to be reviewed).

Please explain why you feel the citation is invalid. Use another sheet if necessary.

OFFICE USE ONLY

Decision: _____
Affirmed: _____ Reduced: _____
Penalty Reduced From: _____

AMOUNT OWED: _____