Parking Citation Appeal Form

Transportation Services

Customer Information

○ Employee ○ Student ○ Visitor

_____ _____ _____

Name | UK/BCTC ID number | Phone

_____

Mailing Address (Street, City, State, Zip)

Appeal Information

_____ Select _____ _____ _____ _____

License Plate | State | Citation Number | Citation Fee | Tow Fee | Permit Number

Appeal Statement

State your reason for appeal. Supporting documentation may be attached.

I hereby certify that the above is a true and accurate statement of my appeal.

_____ _____

Signature | Date

For Office Use Only

Paid by: ___ Visa ___ MasterCard ___ Discover ___ American Express
___ Cash ___ Check Cardholder Name _____
Date Received _____ By _____

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