# 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.

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***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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