Kutztown University allows an employee to appeal a parking violation believed to have been issued in error. This appeal form must be completed within seven (7) calendar days of the issuance of the citation.

INSTRUCTIONS: Complete this form <u>in its entirety</u> and once you complete the form, it will be submitted electronically via DocuSign. The personal statement must be legible and expressed in a manner that is appropriate, respectful and non-threatening.

PERSONAL INFORMATION (Information provided here will be used to communicate with you about the status of your appeal.)

Driver's Name	,	, , , , , , , , , , , , , , , , , , , ,			•
Driver's Name:	MI	LAST			SUFFIX
Email Address:	LL CONTACT YOU WITH THE VERDICT OF YOUR APP	Personal Phone Number:	JODS.		
Home Mailing Address:					
NUMBER	/STREET	CITY	S	TATE ZI	P
Campus Address:		Campus Phone Number:	-		
VIOLATION INFORMATION (The	e following information is available	on the ticket.)			
Ticket #	Ticket Date	Ticket Time		Location	
License Plate # and State	0	fficer #	Decal #		
Violation:					
BASIS FOR APPEAL		4			
A copy of the vehicle registration or ren	•				
SIGNATURE:	For Official Use Only	ATE SUBMITTED:			
Appeal Denied. Please mail a check					
Kutztown University, Office of Stude		☐ Ticket Voided Due to Off		Error	
Please include the following information	ion in the response to this appeal:				
Date of Review	D	eviewed Rv			

PARKING TICKET APPEAL RESULTS ARE FINAL.