Kutztown University allows a person 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.)

in and a Name of				
ver's Name:	MI		LAST	SUFFIX
ail Address:		Phone Number:		
	WE WILL CONTACT YOU WITH THE VERDICT OF YOUR APPEA	AL THROUGH ONE OF THESE TWO	METHODŠ.	
ing Address:	=FT	CITY	ST	ATE ZIP
	g:			
ion, bepartment rod were visitin	9			
ident's/Department's Campus Ad	dress:			
<b>OLATION INFORMATIO</b>	$oldsymbol{N}$ (The following information is available o	n the ticket.)		
- <b>-</b> - #	Tidak Data	Tigliet Time		
et #	Ticket Date		L	
nse Plate # and State	Office	ser#	Decal #	
ation:				
SIS FOR APPEAL (Contin	ue on back, if necessary.)	<b>V</b>		
copy of the vehicle registration	n or rental vehicle agreement must be attac	hed to this form.		
SNATURE:	DA1	TE SUBMITTED:		
	Do Not Write Below	This Line		
Annual Donied Please mail a				
	check made payable to Kutztown University to f Student Accounts, Kutztown PA 19530.	Appeal Granted, One		
Rucetown onliversity, office o	i Student Accounts, Natztown FA 1930.	☐ Ticket Voided Due to	Officer/Department E	rror
Please include the following in	nformation in the response to this appeal:			
	appear			
Date of Poviow:	Pay	iewed By		

PARKING TICKET APPEAL DECISIONS ARE FINAL.