Southern Parking Appeals Committee    Parking Appeal Form

Applicable Appeal Information

1. All requests for appeals of parking citations will be made in writing. Please use ink not pencil.
2. All information on the Appeal Form must be completed for the appeal to be processed.
3. It is important that all information is legible. If the information required on the form is not legible you will be contacted to complete a new appeal. This could delay the Committee’s decision.
4. The Appeals Committee shall meet, consider and decide the appeal on the basis of the information provided on the Appeal form. The decision will be indicated on the front page of the appeal form and mailed to the address on the appeal. ALL DECISIONS ARE FINAL.
5. The Appeals Committee is a committee made up of the Associate Vice President of Student Affairs, a member of the Student Government and a Police Representative. Appeal decisions shall be by vote of the committee members. Notification of the Committee’s decision shall be delivered by mail.
6. False or misleading statements or failure to disclose pertinent information will result in denial of appeal. It may also result in the loss of special permit privileges and/or other appropriate administrative action (in the case of students, referral to Student Judicial Board).
7. The following are some of the insufficient grounds for granting an appeal of a parking citation:
   • Being late or in a hurry.
   • Dropping someone or something off or picking them up.
   • Preferred parking lot is full or too far away.
   • Inclement weather.
   • Others parked in the same way and did not receive a ticket.
   • The amount of time the vehicle was parked.
   • I can’t afford the ticket.
   • I didn’t know/I thought something else/nobody told me.
   • The owner of the vehicle was not driving at the time. (The registered owner of the vehicle is responsible for all tickets incurred regardless as to whether that individual was the one who actually parked the vehicle improperly or not).
   • I parked there before and never received a ticket.
   • I didn’t know/I’m new here/someone else told me I could park there.
   • Parking on the grass, whether area is marked or not.
   • Parking in fire lanes, whether area is marked or not.
   • Not displaying a handicapped tag/Using a handicapped tag not belonging to the operator.

Return completed form within 14 days of issuance of the ticket to Southern CT State University Police, Granoff Hall, 10 Wintergreen Avenue, New Haven, CT 06515. This form can be returned by mail fax (203) 392-6317 or in person.

Note: This appeal form is for Southern Parking Tickets only and may NOT be used for City of New Haven or Hamden parking tickets, traffic tickets or summonses (e.g. a stop sign violation).
Southern Parking Appeals Committee
Parking Appeal Form

ITEM 1 – PERSONAL INFORMATION:  
University ID Number: _________________________ Ticket Number(s): _________________________
Name: ______________________________________ Ticket Date(s): _________________________
Mailing Address: ______________________________ Reg. No.: _______________________________
City: ________________________________________ Year/Make/Model: _______________________
State/Zip: ____________________________________ Permit Number: _________________________
Phone Number: _______________________________ Violation: _______________________________
Email: _______________________________________
Student: ____  Res: ____  Faculty/Staff: ____  Visitor/ Other: _____

ITEM 2 – VEHICLE & VIOLATION INFORMATION:

ITEM 3 – I SUBMIT THE FOLLOWING FACTS IN SUPPORT OF THIS APPEAL: (PLEASE NOTE THAT THE
APPEAL SHOULD BE BASED ON THE PREMISE THAT THE TICKET WAS NOT CONSISTENT WITH UNIVERSITY
PARKING RULES AND REGULATIONS. REFER TO THE COVER SHEET FOR A LIST OF INSUFFICIENT
GROUNDS FOR THE ACCEPTANCE OF AN APPEAL.)
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Continued on next page:

Signature: ____________________________________________ Date: ____________________

APPEAL BOARD DECISION:
Appeal Approved _______   Amount Due: $__________________
Appeal Denied _______
Appeal Partially Approved, Partially Denied _____  Refund Due: $__________________

Committee Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Committee Signature: ____________________________ Initials: ______  Date: ____________________
Southern Parking Appeals Committee
Parking Appeal Form

ITEM 3 Continued:

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Signature: ______________________ Date: ___________________