CITATION APPEAL REQUEST

UTSouthwestern Medical Center

Submit to: Citation Appeals Committee
c/o Parking Services
5323 Harry Hines Blvd.
Dallas, TX 75390-9026

Email:
parkingservices@utsouthwestern.edu

Appeal #: _____

I request a hearing concerning the following parking citation:

Name: _____ Date: _____

Contact Number: _____ Citation Number: _____

Email Address: _____ Mail Code or Student Box #: _____

Mailing Address: _____

State all reasons for appeal. Decision will be based on explanation.

If necessary, use separate sheet of paper

I request to appear before the Appeals Committee (check one): ☐ Yes ☐ No
Select "Yes" only if you choose to be present when your appeal is discussed.

- FOR OFFICE USE ONLY -

Date of appeals hearing: ____ /____ / _____

_____
Chairperson

Action taken by Citation Appeals Committee:

❒ Reduce to Warning (RTW)
❒ Void Citation
❒ Pay Citation
❒ Other: _____

Data entered by Parking Services:

❒ Date APPEAL was entered: ___ / ___ / _____ Entered by: _____

❒ Date VERDICT was entered: ___ / ___ / _____ Entered by: _____

❒ Date NOTIFICATION was sent: ___ / ___ / _____ Entered by: _____