	USF SARASOTA/MANATEE PARKING TICKET/ CITATION APPEAL (PLEASE COMPLETE IN INK)	For office use only: Date Received: Initials:

CITATION

Citation #_____ Citation Date_____ Campus_____
(mm/dd/yy)

DIRECTIONS

Completed forms may be faxed, mailed or brought to Parking Services. Business hours are 8:30am – 5:00pm, Monday to Friday, with extended hours at the beginning of each term. USF Parking Services, 8350 N.Tamiami Tr. Building SMC-B116A, Sarasota, FL 34243,
Phone: (941) 359-4203, Fax: (941) 359-4201. Faxes should be followed up with a phone call to Parking Services.

APPEAL

☐ **FIRST APPEAL** **All persons receiving a citation have a right to appeal within FOURTEEN (14) calendar days of the citation.**
☐ **FINAL APPEAL** **Final appeals must be made within FOURTEEN (14) calendar days of the first appeal decision.**
☐ In-Writing ☐ In-Person (For USF Students Only – Through SGA Supreme Court)

APPEAL GUIDELINES

According to the USF Parking Rules, individuals who receive a parking citation and believe that extraordinary or mitigating circumstances warrant waiver of their parking fine may petition the USF Parking Services Dept. for reconsideration. Any person wishing to appeal a citation must do so **within 14 calendar days** of the date the citation was issued. A summary of unacceptable reasons for appeals are provided in the USF Parking Brochure.

UNACCEPTABLE APPEALS

DO NOT USE

- Appeal submission later than 14 calendar days
- Tardiness to class and/or appointment
- Disagreement with the traffic and parking regulations
- Inability to pay fine (lack of money)
- Ignorance of the regulation
- Displayed wrong or expired permit
- Traffic congestion
- Stated inability to find a permitted parking space
- Operation of the vehicle by another person
- Received bad verbal information
- Stated failure to issue citations previously for similar violations
- Stated perception that designated parking
- area is not safe
- Friend got the citation while borrowing
- permit

Last Name: (print) _____ First Name: (print)_____

ID Number* _____ (*ID # Choices: USF Student "U" #, Employee ID # or Vendor ID #;

Driver's License Number: _____-_____-_____-_____-_____ Birth Date:_____/_____/_____

Email Address: (print)_____

Status: (check one) ☐ USF Student ☐ USF Staff ☐ Vendor ☐ Other_____

HOME ADDRESS

Street_____

City_____ State _____ Zip Code _____

Telephone (_____) _____-_____ Cell/Pager (_____) _____-_____

VEHICLE INFO

State _____ License Plate/Tag #_____ Permit # _____

REASON
(May be continued on back of page.)

Provide specific and verifiable facts which substantiate extenuating circumstances. Attach copies of any repair slips, medical information, etc. Appeal Mediator's decision is based on several factors including your written explanation.

_____

_____

_____

_____

IMPORTANT – PLEASE READ

I understand this is a request for my parking citation to be reviewed based on my appeal reason(s). A decision will be made regarding whether or not the citation will be dismissed or upheld. I understand that the Student Supreme Court may review my appeal. When a decision is made, Parking Services will send me the result of my appeal; however, it is my responsibility to follow up with Parking if I do not receive a letter within 2 weeks. I understand that if the citation is upheld my student or staff account will be placed on hold. If my student account is placed on hold, I understand that I may not do a number of things, such as registering for classes, receiving my grades and transcripts or graduating.

All information provided to USF Parking Services on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation.

Signature: (required) _____ Date: _____

FOR OFFICE USE:

HEARING DECISION: DISMISSED _____ UPHELD _____ Number of previous citations: _____

Signature: _____ Date: _____ Number of previous dismissals: _____

(Revised 04/23/14)