UNIVERSITY OF MONTANA
PARKING VIOLATION APPEAL

PRINT NAME AND ADDRESS BELOW

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

TELEPHONE NUMBER (_____) _____

OFFICE USE ONLY

____FIRST APPEAL
____FINAL APPEAL
____VOID
____UPHELD FINE $_____
____REDUCE TO WARNING
DATE_____ SIGNED_____

IMPORTANT: FILL OUT COMPLETELY OR APPEAL WILL NOT BE ACCEPTED

PLEASE READ THE FOLLOWING INSTRUCTIONS:

Type or print your reason(s) for the appeal in the space below. Please be specific and concise about the circumstances. This appeal must be submitted within twenty (20) calendar days of the violation. The first appeal must be submitted in written form. Appeals will receive within thirty (30) working days of the hearing the written decision of the Parking Appeals Board. If you are not happy with the result of the first appeal, you are allowed a second (final) hearing (appeal) at which you must be present to discus your appeal with the Parking Appeals Board. The in-person appeal in no way indicates that a more favorable decision will be rendered. If you fail to appear at any hearing (appeal) that you requested the result will be that the infraction being upheld. Non-payment of fines is subject to collection methods used by Public Safety and the University.

COMPLETE THE FOLLOWING:

INFRACTION (TICKET) NUMBER: _____

LICENSE PLATE: _____ STATE: _____

The reason for this appeal is:

I certify that all information listed herein is true and correct:

IMPORTANT: IF ALL THE BELOW INFORMATION IS NOT COMPLETE THE APPEAL WILL NOT BE ACCEPTED AND THE FINE WILL AUTOMATICALLY BE UPHELD.

SIGNATURE: _____

DATE: _____ GRIZ ID: _____