



PARKING CITATION APPEAL

IMPORTANT: Appeals must be submitted within 10 business days of the date of the citation. Attach citation with appeal form. Committee will typically meet on the 1st Tuesday of each month, unless members schedules dictate other wise.

ALL communication in reference to your appeal will be through your **LSUE email ONLY**.

Please Note: Appeals based on the following are NOT acceptable:

- * Ignorance of the regulation
- * Stated inability to find a permitted parking space
- * Operation of vehicle by another person
- * Operation of an unregistered vehicle
- * Stated failure to receive citation previously for similar offenses
- * Inability to pay fine
- * Disagreement with the traffic and Parking Regulations

Name: _____ Student/Staff ID #: _____

Phone #: _____ LSUE email address: _____

Appealing the following citation/violation: Ticket #: _____

Violation: _____

Reason for Appeal:

Citation Appeals are reviewed once a month by the Parking Appeals Committee. I understand that their decision is final. If the decision is not in my favor, I agree to pay the fine assessed against me in accordance with the LSUE traffic and Parking Regulations.

INITIAL ONE OPTION BELOW:

_____ This appeal form will represent me at the Committee and I **DO NOT** wish to appear before the committee.

_____ In order to speak on my behalf, I **DO** wish to appear before the committee, during the scheduled committee meeting. (NOTE: If you chose to appear and do not show at the designated time, the committee will render decision regardless)

Signature: _____

Date: _____

Committee Decision

_____ Appeal **Approved**, Ticket # _____ voided

_____ Appeal **Denied**, Ticket # _____ must be paid

Chairperson, Parking Appeals Committee

Date: