FAYETTEVILLE STATE UNIVERSITY
CAMPUS POLICE DEPARTMENT

PARKING TICKET APPEAL FORM

This form must be submitted within ten (10) days from the date of the violation. Original or copy of citation must be attached.

Please fill in all the information below and write a statement explaining the specific reason(s) for the appeal. A reply will be mailed to you within ten (10) working days.

You may mail this form and the ticket to:
Campus Police Dept., Mitchell Building, Fayetteville, NC 28301
Or bring it to the Campus Police Dept.

PARKING TICKET APPEALS WILL NOT BE CONSIDERED FOR THE FOLLOWING REASONS:
• Not knowing the Parking Rules and Regulations
• Inability to find a convenient parking space
• Financial hardship
• Filing an appeal after the allowed time (10 working days)

Name: _____________________________________ Date: ______________
(Please Print)

Address: __________________________________________

City: ______________ State: ______________ Zip Code: _____

Telephone #: ________________________________ Banner ID#: ______________

Ticket #: ________________________________

Parking Decal #: ________________________________ Email: ________________________________

Statement/Reason for appeal: (Use back if necessary)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

DO NOT WRITE BELOW THIS LINE

Director of Campus Police Decision: _____ Denied _____ Granted