DUKE UNIVERSITY PARKING AND TRANSPORTATION SERVICES

PARKING CITATION APPEAL

PLEASE READ CAREFULLY BEFORE FILING:

• RETURN THIS FORM TO THE PARKING OFFICE AT 2010 CAMPUS DRIVE, BOX 90644, DURHAM, NC 27708. APPEALS MUST BE REQUESTED WITHIN 15 CALENDAR DAYS FROM THE ISSUE DATE OF THE CITATION OR YOU ARE NOT ELIGIBLE TO APPEAL.
• ATTACH A COPY OF THE ORIGINAL TICKET WITH THIS FORM.
• ONLY SIGNED AND COMPLETED FORMS WILL BE REVIEWED. PLEASE LIST A CORRECT MAILING ADDRESS AND/OR EMAIL ADDRESS. INCOMPLETE AND/OR ILLEGIBLE FORMS WILL NOT BE PROCESSED.
• LIST SPECIFIC REASONS FOR YOUR APPEAL ON THE REVERSE OF THIS FORM. DRAW A SKETCH; ATTACH COPIES OF AUTO BILLS, PERMITS, AND OTHER SUPPORTING DOCUMENTS IF APPLICABLE WHEN THIS FORM IS SUBMITTED.

Please visit our website at: parking.duke.edu to review the parking regulations before writing your appeal to ensure that your appeal is well-founded and that you are familiar with the regulation(s) for which you were cited. The following are usually not valid as a basis for appeal:

• Lack of knowledge of the regulations, for example, new to campus or have not reviewed regulations
• Other vehicles were parked improperly
• Only parked illegally for a short period of time
• Stated failure of parking office to ticket previously for similar offenses
• Late to class or appointment
• Inability to pay the amount of the fine
• No other place to park

Keep the appeal as short as possible while providing specific information related only to the violation being appealed.

All other matters will not be considered.

One appeal form per violation.

☐ PLEASE CHECK HERE IF YOU WISH TO PRESENT YOUR APPEAL IN PERSON (IN ADDITION TO THE WRITTEN APPEAL) TO THE PARKING APPEALS BOARD. YOU MUST SCHEDULE AN APPOINTMENT AT THE PARKING OFFICE WHEN THE APPEAL IS SUBMITTED OR BY CALLING (919) 684-4947.

Please Print

Name________________________________________Daytime Phone___________________________

I am a ___Student___Employee___Vendor___Other/ Duke Unique ID (if Applicable)_________________

Address to which reply should be sent:

Address/Box___________________________________City__________________________State___________Zip______

EMAIL ADDRESS____________________________________________________________________________

DECISION________________CHAIR PERSON________________DATE______________

COMMENTS______________________________________________________________

DATE RECEIVED_______________________APPEAL NUMBER____________________

REV 07/13