DUKE UNIVERSITY PARKING AND TRANSPORTATION SERVICES
PARKING CITATION APPEAL

PLEASE READ CAREFULLY BEFORE FILING:

• APPEALS MUST BE FILED WITHIN 15 DAYS OF THE CITATION ISSUE DATE OR THE APPEAL IS NOT ELIGIBLE.
• RETURN THIS FORM TO THE PARKING OFFICE AT 2010 CAMPUS DRIVE; OR MAIL TO PARKING & TRANSPORTATION SERVICES, BOX 90644, DURHAM NC 27708; FAX TO 919-681-7746 OR EMAIL TO TRANPARK@DUKE.EDU.
• ATTACH A COPY OF THE ORIGINAL TICKET WITH THIS FORM.
• PLEASE PROVIDE A CURRENT EMAIL ADDRESS, ADDRESS AND PHONE NUMBER. APPELLANTS WILL BE CONTACTED BY EMAIL.
• LIST SPECIFIC REASONS FOR YOUR APPEAL ON THE REVERSE SIDE OF THIS FORM. YOU MAY ATTACH PHOTOS, RECEIPTS, AND/OR OTHER SUPPORTING DOCUMENTATION FOR YOUR CASE.
• PLEASE VISIT OUR WEBSITE AT PARKING.Duke.EDU TO REVIEW DUKE UNIVERSITY’S PARKING POLICIES BEFORE WRITING YOUR APPEAL TO ENSURE THAT YOUR APPEAL IS WELL FOUNDED.
• KEEP THE APPEAL AS SHORT AS POSSIBLE WHILE PROVIDING SPECIFIC INFORMATION RELATED ONLY TO THE VIOLATION.

THE FOLLOWING REASONS ARE NOT VALID AS A BASIS FOR APPEAL:

• LACK OF KNOWLEDGE OF THE REGULATIONS
• OTHER VEHICLES WERE ALSO PARKED IMPROPERLY
• ONLY PARKED ILLEGALLY FOR A SHORT TIME
• STATED FAILURE OF PARKING OFFICE TO TICKET PREVIOUSLY FOR SIMILAR OFFENSE
• LATE TO CLASS OR APPOINTMENT
• INABILITY TO PAY THE FINE
• NO OTHER PLACE TO PARK

ONCE YOUR APPEAL IS REVIEWED BY THE TRAFFIC APPEALS COMMITTEE AND A DECISION IS RENDERED, YOU WILL RECEIVE AN EMAIL NOTIFICATION OF THE RESULT, USUALLY WITHIN 3 WEEKS. IF YOU WOULD LIKE TO SCHEDULE AN IN-PERSON APPEAL PLEASE CHECK _____ . IN PERSON APPEALS ARE HELD ON A WEDNESDAY ON WEST CAMPUS BETWEEN 3-3:30PM.

PLEASE PRINT LEGIBLY

CITATION NUMBER ____________________________________________________________________________

NAME _____________________________________________________________________________________________ DUKE UNIQUE ID _______________________

STUDENT _____ EMPLOYEE _____ VENDOR _____ OTHER _____ __________________ PHONE ____________________

ADDRESS: __________________________________________________________________________________________

EMAIL ADDRESS [REQUIRED] ____________________________________________________________________________

[PLEASE WRITE YOUR APPEAL STATEMENT ON THE REVERSE SIDE OF THIS FORM]

Rev 04/16