

**FULLERTON COLLEGE
CAMPUS SAFETY**
321 E. Chapman Avenue
Fullerton, CA 92832-2095
714-992-7080

CITATION #	DATE ISSUED:
LICENSE PLATE #	

PARKING VIOLATION APPEAL FORM

PLEASE PRINT LEGIBLY - THIS WILL BE YOUR MAILING LABEL

NAME _____

ADDRESS _____

CITY, STATE, ZIP: _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____

STATUS:
STUDENT - ID # @ _____

STAFF / FACULTY
Department: _____

VISITOR

NOTICE:
All persons receiving a citation shall, within twenty one (21) days of the date of Notice of Parking Citation. 1. Pay the parking penalty, or 2. Contest the citation in writing by filing an appeal. To file an appeal, complete this form and sign your statement, attach the original citation. The results of the appeal will be mailed to you usually within 10-20 working days to the above address you provided. **Forgetfulness, parking for only a short period, failure to display a parking permit, and/or not seeing the posted signs are unacceptable grounds for appeal.**

IMPORTANT:
Complete information will be necessary for an appeal to be processed. Incomplete or errors in your appeal will result in delay or unfavorable rulings.

REASON FOR APPEAL:
(Provide specific and verifiable facts, including diagrams, which substantiate your appeal) Please write legibly and be very specific.

I certify that the foregoing statements are correct. If more room is needed please attach a separate sheet of paper.

Signature _____ Date _____

FOR OFFICE USE

Received By:	Date Received:	Parking Permit #:	Priors:
Reviewed By:	Date Reviewed:	Officer's Recommendation Dismissed ____ Upheld ____	
Officer's Comments:			
Director's Signature:	Date Reviewed:	Dismissed ____ Upheld ____	Photo Taken: _____
Director's Comments:			
Mailed By:	Date Sent	- IF UPHELD the full fine amount is due within 21 DAYS from the date sent.	Code Number: