University of Utah Commuter Services
Appeals Committee
Referral Form

PLEASE PRINT LEGIBLY

Today’s Date ________________________________

Name ___________________________ University ID (UNID) ___________________________

Mailing Address _________________________________________________________________

City ___________________________ State _____________ Zip _______________________

Phone Number ___________________________ Email Address __________________________

Vehicle License Plate # ___________________________

APPEALS COMMITTEE PROCEDURES

1. This form must be filled out by the appellant within 10 days of the decision on an appeal that has been denied by a Commuter Services Appeals Officer.
   A. The completed form must be returned to Commuter Services in person, by e-mail to ucsappeals@umail.utah.edu, or by mail to:

      1901 East South Campus Drive - Room #101, Salt Lake City, Utah 84112-9350.

2. The ticket(s) being appealed must be paid in full before appealing to the Appeals Committee.
   (This is to avoid additional fine increases)

3. The Appeals Committee is a student/staff/faculty/alumni committee, which hears and adjudicates cases involving parking tickets. The committee meets quarterly. The date the committee will hear this appeal will be mailed to the appellant per the information provided above.

4. The appellant may present their own case or they may have a representative of their own choosing. An attorney may be present at the hearing but may not formally represent the appellant since this is an administrative process not a court of law. An appellant accompanied by an attorney must notify the committee secretary one week prior to the committee meeting.

5. The committee members may ask questions. When the committee members feel they have sufficient information to render a decision, the appellant will be excused. The committee then discusses the case, and a written notice of the committee’s decision will be mailed to each appellant.

6. If the appeal is granted, a full or partial refund will be mailed to the appellant after the decision of the committee is made.
# TICKETS TO BE APPEALED

<table>
<thead>
<tr>
<th>Ticket #</th>
<th>Ticket Date</th>
<th>Amount Paid</th>
<th>Ticket Appealed Before?</th>
<th>If yes, how?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State your reason(s) for appealing the ticket(s):

**PLEASE PRINT:**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I have read and I understand the information in items 1-6 on the reverse side. The information represented in this appeal is accurate and true to the best of my knowledge.

_________________________  _______________________
Appellant Signature        Date