Maryville University Parking Appeal Form

Date: _____

I hereby give notice of appeal to the Parking Appeals Committee for the charges made against me for violation of the parking regulations. This appeal should be made within five business days from the date of issuance and as stated on the face of the citation.

I understand that only one appeal is allowed and the decision of the Appeals Committee is final.

Please attach a copy of the citation (not the original citation).

This appeal is based on the following: _____

_____

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_____

Name (Please Print): _____

Maryville ID No.: _____ Email Address: _____

License Plate Number: _____ Citation Number: _**M-**_____

Signature: _____