



# Parking Citation Appeal Form

Office of the Bursar  
 Parking Services  
 PO Box 757370  
 Fairbanks, AK 99775  
 (907) 474-PARK, FAX (907) 474-5898

Attach your copy of the citation to this appeal. Use a separate appeal for each citation.

Citation Number	Citation Date:	License Plate #:	State:	Today's Date:
Name: _____		Please indicate your primary University affiliation.		
Mailing Address: _____		<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Visitor <input type="checkbox"/> Other _____		
City: _____		State: _____		Students, Faculty, and Staff please provide your Student ID # : _____
Zip Code: _____				
e-mail address: _____		Phone # _____		

**Instructions:** All persons receiving a citation have the right to appeal within 14 calendar days from the date of citation. Appeals received after 14 calendar days will not be eligible for review and all appeal rights will be forfeited. To file an appeal, complete this form and submit the original and yellow copy of the form to Parking Services, Signers' Hall First floor.

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By my signature I certify the foregoing statements are correct