Buena Vista University
Parking Violation Appeal Form

All requested information must be completed and a copy of the parking ticket attached.

Name ___________________________ Today’s Date ___________________________

Address (Street or Campus Box) ___________________________ Phone or Extension ___________________________

City __________ State __________ Zip __________ Date/Time Ticket was Issued __________

Reason for appeal (One ticket per appeal only):

Cite the section of the current Vehicle Registration, Parking Regulation brochure that pertains to the ticket you are appealing and explain why you believe you were not in violation of this section.

NOTE: If the appeals form is incomplete or improperly filled out it will automatically be rejected. Appeals need to be filed within 15 days of issuance of ticket.

Date and action taken by appeals committee:

Reason (s):

Please mail this appeal form and copy of the ticket to Parking Appeals Board, Forum Box 2983.