DRAKE UNIVERSITY CAMPUS PARKING CITATION APPEAL FORM

All citations **MUST** be appealed within 14 Days of Issue in accordance with procedures and guidelines, which are located on the Drake website as well as in the student handbook.

**Form Must Be Filled Out Completely or It May Not Be Accepted.**

Return to 1227 25th Street, Des Moines, IA 50311

Today’s Date: __/__/____

Name (Last, First-Please Print):________________________________________

Banner ID#:__________________________

Address, City, State, Zip:______________________________________________

Student, Faculty, Staff or Visitor (Circle One)   Phone:___________________

Parking Citation Information:

Date Citation Issued:__/__/____   Location of Offense:________________________

Computer Citation System Code: (Circle) RGS DIS IVP BLK TME RST ZNE ODA OTH

Ticketed Vehicle Information: Make:_____ Model:_____ Color:_____ Year:_____

License Plate#:_______________________ State:______________

Parking Citation Number:_______________ Parking Permit Number:_______________

Why do you believe the ticket should be dismissed?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________


- I will call back Security @ 271-2222 in 30 days for judgment.
- Yes (   ) Signature:__________________________________

ADMINISTRATIVE USE ONLY:

Void________ Do Not Void_______ Revocation of Permit   Yes____ No____

Comments:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Signature of Appeal Review Member:________________________ Date:__/__/____

Received by Security Specialist:________________________ Date:__/__/____