



Drake University
Department of Public Safety

1227 25th Street
Des Moines, IA 50311
515-271-2222

Campus Parking Citation Appeal Form

All citations must be appealed within fourteen (14) days of issue in accordance with procedures and guidelines, which are located in the Drake website as well in the student handbook.

Form must be filled completely or it may not be accepted.

Name (Last, First - Please Print): _____ Todays Date: ____/____/20__

Banner ID: _____ Phone Number: _____ Student, Faculty, Staff, Visitor (Circle One)

Address, City, State, Zip: _____

Parking Citation Information

Date Issued: ____/____/20__ Location of Offense: _____

Type of Offense: _____

Ticketed Vehicle Information

Make: _____ Model: _____ Color: _____ Year: _____ License Plate Number: _____ State: _____

Parking Citation Number: _____ Parking Permit Number: _____

Why do you think the ticket should be dismissed?

Multiple horizontal lines for writing the reason for dismissal.

Form must be returned to Student Services Center or the Department of Public Safety

I will call Public Safety at (515)-271-2222 in seven (7) days for judgment.

Yes () Signature: _____

ADMINISTRATIVE USE ONLY

Void: _____ No Not Void: _____ Revocation of Permit Yes: _____ No: _____

Comments

Horizontal lines for administrative comments.

Signature of Appeal Review Member: _____ Date: ____/____/20__