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|--|---|--|---|--|--|
| For office use only<br>A/C # _____<br>Ref # _____  | <b>USF SARASOTA/MANATEE<br/>         PARKING TICKET/ CITATION APPEAL</b><br>(PLEASE COMPLETE IN INK)  |  | For office use only:<br>Date Received: _____<br>Initials: _____ |  |  |
| <b>CITATION</b>  | Citation # _____ Citation Date _____ Campus _____<br>(mm/dd/yy)   |  |   |  |  |
| <b>DIRECTIONS</b>  | Completed forms may be faxed, mailed or brought to Parking Services. Business hours are 8:30am – 5:00pm, Monday to Friday, with extended hours at the beginning of each term. USF Parking Services, 8350 N.Tamiami Tr. Building SMC-B116A, Sarasota, FL 34243, Phone: (941) 359-4203, Fax: (941) 359-4201. Faxes should be followed up with a phone call to Parking Services.   |  |   |  |  |
| <b>APPEAL</b>  | <input type="checkbox"/> <b>FIRST APPEAL</b> All persons receiving a citation have a right to appeal within <b>FOURTEEN (14)</b> calendar days of the citation.<br><input type="checkbox"/> <b>FINAL APPEAL</b> Final appeals must be made within <b>FOURTEEN (14)</b> calendar days of the first appeal decision.  |  |   |  |  |
| <b>APPEAL GUIDELINES</b>   | According to the USF Parking Rules, individuals who receive a parking citation and believe that extraordinary or mitigating circumstances warrant waiver of their parking fine may petition the USF Parking Services Dept. for reconsideration. Any person wishing to appeal a citation must do so <b>within 14 calendar days</b> of the date the citation was issued. A summary of unacceptable reasons for appeals are provided in the USF Parking Brochure.  |  |   |  |  |
| <b>UNACCEPTABLE APPEALS</b><br><br><b>DO NOT USE</b>   | <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>Appeal submission later than 14 calendar days</li> <li>Tardiness to class and/or appointment</li> <li>Disagreement with the traffic and parking regulations</li> <li>Inability to pay fine (lack of money)</li> <li>Ignorance of the regulation</li> <li>Displayed wrong or expired permit</li> <li>Traffic congestion</li> <li>Stated inability to find a permitted parking space</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>Operation of the vehicle by another person</li> <li>Received bad verbal information</li> <li>Stated failure to issue citations previously for similar violations</li> <li>Stated perception that designated parking area is not safe</li> <li>Friend got the citation while borrowing permit</li> </ul> </td> </tr> </table> |  |   | <ul style="list-style-type: none"> <li>Appeal submission later than 14 calendar days</li> <li>Tardiness to class and/or appointment</li> <li>Disagreement with the traffic and parking regulations</li> <li>Inability to pay fine (lack of money)</li> <li>Ignorance of the regulation</li> <li>Displayed wrong or expired permit</li> <li>Traffic congestion</li> <li>Stated inability to find a permitted parking space</li> </ul> | <ul style="list-style-type: none"> <li>Operation of the vehicle by another person</li> <li>Received bad verbal information</li> <li>Stated failure to issue citations previously for similar violations</li> <li>Stated perception that designated parking area is not safe</li> <li>Friend got the citation while borrowing permit</li> </ul> |
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|  | Last Name: (print) _____ First Name: (print) _____<br>ID Number* _____ (*ID # Choices: USF Student "U" #, Employee ID # or Vendor ID #;<br>NOTE: We are transitioning away from using social security numbers unless it is needed for payroll-related deductions.)<br>Driver's License Number: _____ - _____ - _____ - _____ - _____ Birth Date: _____ / _____ / _____<br>Email Address: (print) _____<br>Status: (check one) <input type="checkbox"/> USF Student <input type="checkbox"/> USF Staff <input type="checkbox"/> Vendor <input type="checkbox"/> Other _____  |  |   |  |  |
| <b>HOME ADDRESS</b>  | Street _____<br>City _____ State _____ Zip Code _____<br>Telephone (_____) _____ - _____ Cell/Pager (_____) _____ - _____   |  |   |  |  |
| <b>VEHICLE INFO</b>  | State _____ License Plate/Tag # _____ Permit # _____  |  |   |  |  |
| <b>REASON (May be continued on back of page.)</b>  | Provide specific and verifiable facts which substantiate extenuating circumstances. Attach copies of any repair slips, medical information, etc. Appeal Mediator's decision is based on several factors including your written explanation.<br>_____<br>_____<br>_____<br>_____   |  |   |  |  |
| All information provided to USF Parking Services on this document is accurate and complete and I understand fines and penalties may be assessed for misrepresentation.   |   |  |   |  |  |
| Signature: (required) _____ Date: _____<br>(Revised 5/06)  |   |  |   |  |  |
| <b>HEARING DECISION</b> <input type="checkbox"/> <b>DISMISSED</b> <input type="checkbox"/> <b>UPHELD</b> Signature: _____<br>Date: _____   |   |  |   |  |  |