

FOR OFFICE USE ONLY:
APPEAL NUMBER _____
DATE RECEIVED _____

**DUKE UNIVERSITY
PARKING & TRANSPORTATION SERVICES
PARKING CITATION APPEAL**

PLEASE READ CAREFULLY BEFORE FILING

- RETURN THIS FORM TO THE TRAFFIC OFFICE AT 100 COAL PILE DRIVE, BOX 90426, DURHAM, NC 27708-0426. APPEALS MUST BE **RECEIVED** IN THE TRAFFIC OFFICE WITHIN **15 CALENDAR DAYS FROM THE ISSUE DATE OF THE TICKET** OR YOU ARE NOT ELIGIBLE TO APPEAL. YOU MAY FAX YOUR COMPLETED FORM AND A COPY OF THE TICKET TO 684-8612.
- YOUR TICKET MUST ACCOMPANY THE APPEAL.
- ONLY SIGNED AND COMPLETED FORMS WILL BE REVIEWED. PLEASE LIST A CORRECT MAILING ADDRESS. INCOMPLETE AND/OR ILLEGIBLE FORMS WILL NOT BE PROCESSED.

LIST SPECIFIC REASONS FOR YOUR APPEAL ON THE REVERSE OF THIS FORM. DRAW A SKETCH, ATTACH COPIES OF AUTO REPAIR BILLS, PERMIT AND/OR OTHER SUPPORTING DOCUMENTS IF APPLICABLE WHEN THIS FORM IS SUBMITTED. The following are some suggestions for writing your appeal:

Please consult the Duke University Traffic and Parking regulations before writing your appeal to ensure that your appeal is well-founded and to ensure that you are familiar with the regulation(s) for which you were cited.

Keep the appeal as short as possible while still providing pertinent information.

Address the violation(s) for which the citation was issued. Other matters will not be considered.

- PLEASE CHECK HERE IF YOU WISH TO PRESENT YOUR APPEAL IN PERSON (IN ADDITION TO THE WRITTEN APPEAL) TO THE PARKING CITATION APPEALS BOARD. YOU MUST SCHEDULE AN APPOINTMENT AT THE PARKING OFFICE WHEN THE APPEAL IS SUBMITTED.**

Please Print

NAME _____ DAYTIME PHONE _____

I AM A ___ STUDENT ___ EMPLOYEE ___ VENDOR ___ OTHER

DUKE UNIQUE ID (IF APPLICABLE) _____

ADDRESS TO WHICH REPLY SHOULD BE SENT:

STREET/BOX _____ TICKET NUMBER _____

CITY _____ LICENSE PLATE # _____

STATE _____ ZIP _____ PERMIT LETTER AND NUMBER _____

EMAIL ADDRESS _____
(RESPONSES WILL BE SENT TO THE EMAIL ADDRESS IF PROVIDED ABOVE)

COMMITTEE USE ONLY - DECISION: ___ SUSTAINED ___ DENIED ___ PARTIAL (itemize)

CHAIRPERSON: _____ HEARING DATE _____

COMMENTS _____

USE REVERSE SIDE FOR YOUR EXPLANATION

