



Abilene Christian University
Police Department



Parking Citation Appeal Form

All Appeals must be filed within 5 school days. NO EXCEPTIONS

Name: _____ Date of Appeal: _____
Last Name, First Name, MI (Please Print Legibly)

ACU Email Address: _____ Banner ID #: _____

Local Address: _____
Physical Street Address or Residence Hall Name and Room Number

Date of Violation _____ Violation (Attach Citation): _____

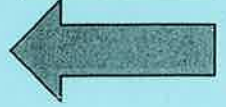
REASON FOR APPEAL (Use Reverse if Necessary)

Please Read



NOTICE:
Appeals based on any of the following **WILL NOT** be accepted:
1) Duration of time parked in violation.
2) Time of day or night violation occurred.
3) The parking lot was full.

Please Read



Signature

APPEAL RULINGS ARE FINAL

Violators who have filed an appeal will be notified of appeal status via ACU email within 10 days of appeal filing date.

OFFICE USE ONLY

Date Appeal Reviewed: _____

Action Taken: _____ Denied _____ Granted _____ Adjusted

Notes: _____

Authorized Parking Administrator

Signature/Date