



Citation# _____
Records Review _____

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: ___/___/___