

Web Form - UNDERGRADUATE PARKING APPEAL

Directions: Print out 3 copies of form; sign all three copies. Schedule your appeal at 402 Bowen-Thompson Student Union. Please direct questions about your account to Parking & Traffic -- Phone 372-2776.

Name: _____ BGSU PID# _____
Campus/Local Address: _____ Campus/Local Phone: _____
City _____ State _____ Zip Code _____
University Class: _____ BGSU Decal No.: _____ Vehicle License Plate _____
Ticket Number _____ Violation Number _____ Date _____ Time _____
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Traffic Appeals occur by appointment only. If you are scheduled on a specific day and you fail to attend, your appeal will be dropped and a full fine will be assessed.

STATEMENT CONCERNING APPEAL. Please make your statement accurate and legible. Include any drawings you feel may be helpful. Additional sheets may be used as needed. **You must attach the original or a copy of the ticket. All appeals must be personally delivered to 402 Bowen-Thompson Student Union within 21 days of the ticket date.**

SIGNATURE _____

DATE _____

Please do not write below this line.

File Date _____

Decision Date _____

Your appeal has been reviewed and a decision made as follows:

_____ APPROVED - Your appeal has been approved and your Bursar account will be adjusted within 14 days.

_____ REDUCED - Your appeal has been reduced (see FINE AMT). Your Bursar account will be adjusted accordingly within 14 days.

_____ DENIED - Your appeal has been denied (see FINE AMT). NO adjustment will be made to your Busar account.

FINE AMT: \$ _____

SIGNATURE OF APPEALS ADMINISTRATOR

COMMENTS: