



MARQUETTE
UNIVERSITY

Parking Services
Citation Appeal Form

Print Name: _____ Phone: _____

Local Address: _____
_____ Zip: _____

License Plate #: _____ Citation Number: _____

Date Issued: ____/____/____ Violation Code (V Code): _____ Lot Issued: _____

Brief explanation of why this citation should not have been issued:

Please **KEEP THE TICKET** in your possession, for your records. You will be able to use this information for future correspondence. A letter will be sent to you with the results of your appeal.

Signature: _____ Date: ____/____/____

For Office Use Only	
Administrative Response: _____	Disposition:
_____	<input type="checkbox"/> Appeal Denied
_____	<input type="checkbox"/> Appeal Granted
_____	<input type="checkbox"/> Other