

Parking Citation Appeal Form



Customer Information

Employee Student Visitor

Name

UK/BCTC ID number

Phone

Mailing Address (Street, City, State, Zip)

Appeal Information

License Plate

State

Citation Number

Citation Fee

Tow Fee

Permit Number

Appeal Statement

State your reason for appeal. Supporting documentation may be attached.

I hereby certify that the above is a true and accurate statement of my appeal.

Signature

Date

For Office Use Only

Paid by: ___ Visa ___ MasterCard ___ Discover ___ American Express

___ Cash ___ Check

Cardholder Name _____

Date Received _____

By _____