PARKING TICKET APPEAL FORM
STEP 2

Name: ___________________________ Citation #: ___________________________

Email Address: __________________ ID#: ___________________________

Contact Address: ___________________________ Return to:

_____________________________ Parking Services
_____________________________ University of Maine
_____________________________ DTAV, Community Center

Phone: __________________________ Orono, ME 04469

Step 2 of the appeals process, should you chose to pursue it, is an opportunity for an oral appeal to explain why you feel the decision of the Step 1 appeal was unreasonable or arbitrary, or why it was not supported by appropriate fact.

Step 2 appeal requests must be filed with 10 days after the date of the Step 1 result letter. The request for the Step 2 appeal must be in writing and submitted on the Step 2 Appeal Request Form available at the address above, the Student Service Center or on-line at parkingservices@umit.maine.edu. Step 2 appeals are heard Thursdays between 2:00 PM and 4:00 PM in the Parking Service Office at the Doris Twitchell Allen Village.

In considering a Step 2 appeal, the Manager may uphold the hearing officer’s decision; dismiss the violation; or find the individual responsible of some lesser violation. Written notification of the Step 2 Appeal result will be sent to the address provided on the Step 2 Appeal Request Form. If a Step 2 appeal is denied, the appellant (if not a student) has ten calendar days, from the date of the Step 2 result notice, to pay the fine.

STUDENTS, PLEASE NOTE – Even if you are appealing a parking violation please be aware that the fine will be submitted to your student bill. Should the outcome of your appeal be in your favor, the amount of the parking violation will be refunded to you through the Bursar’s Office.

Nature of the appeal – in the space below, state with clarity all reasons and basis of appeal. Please use the space on reversed side if necessary.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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

Signature: ___________________________ Date: ___________________________