PARKING TICKET APPEAL FORM

STEP 1

Name: ____________________________ Citation #: ____________________________

Email Address: ____________________________ ID#: ____________________________

Contact Address: Return to:

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

Phone: ____________________________ Orono, ME 04469

The appeal process allows for the resolution of any misunderstood UMaine parking rules and regulations and/or to dispute a parking citation received. The process is comprised of two steps, the first being a written appeal. The appellant has an opportunity to explain the circumstances that made it necessary to park in violation of the aforementioned rules and regulations. The 1st Step Appeal Hearing Officer will review the appeal and provide a response. Examples of the criteria used when reviewing an appeal - A ticket issued contrary to the Rules and Regulations, extenuating circumstances (emergencies), etc.

Step 2 of the appeals process is an opportunity for an oral appeal to explain why you feel the decision of the 1st Step appeal was unreasonable, arbitrary, or not supported by appropriate fact. The 2nd Step of the appeal process is a hearing before Parking and Transportation Services Management. Contact the office at 581-4047, to schedule a 2nd Step appeal. The outcome of the verbal hearing is final.

STUDENTS – All appeals must be submitted within 10 days of being cited after which the fine will be transferred to the Bursar’s Office.

In the space below, state clearly the reasons and basis of this appeal. Please use the space on reversed side if necessary.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

By signing this document, I hereby certify that the above is a true and accurate statement of my appeal.

Signature: ____________________________ Date: ____________________________