Appeal to Parking Citation Appeals Board

ASU I.D. No:	Decal No:	Vehicle License No:	State Registered:	Telephone No:	Date submitted:

Citation No:	Date of citation:	Time:	Violation code:	Location:

Status on campus:	Bond posted: $	Receipt No:	Registered owner of vehicle:

Name and address:

_____

_____

_____

Mail to:

PCAB
ASU Parking and Transit Services
PO Box 875205
Tempe, AZ 85287-5205

Fax to: 480-727-9200

or

Email to: parking@asu.edu

Basis for appeal (give complete details):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I plan to attend hearing: ☐ Yes ☐ No	Appellant signature:	Reviewed by:

Citing officers:

Parking Citation Appeals Board Action

Decision of hearing officer:

☐ Upheld ☐ Overruled ☐ Transferred ☐ Modified as follows:

Comments:

_____

Hearing board chairman:	Date: