

University of Notre Dame Parking Office

*****TICKET MUST BE ATTACHED*****

Appeals must be received in Parking Office within ten (10) days of date of occurrence

Name _____ ID # _____

Telephone _____

Ticket Number _____ Date of Ticket _____

Date of Appeal _____

Campus (or local) Address _____

City _____ State _____ Zip _____

Vehicle Make _____

License _____ State _____ Decal Number _____

Provide full and accurate explanation detailing basis for appeal. (Attach additional pages if needed.)

"I affirm that the foregoing representations are true".

Signed: _____

Date: _____

** Do Not write Below this Line **

Decision:

Comments:

Entered HP _____ Verdict Entered HP _____ Notice Sent _____

Parking Office, Campus security Building, Notre Dame, IN 46556-567