



Parking Services
5900 S. Santa Fe Dr.
Littleton, CO 80160
303.797.5947

PARKING CITATION APPEAL REQUEST

The Arapahoe Community College Police Department and Parking Services have developed this form for you to appeal a parking citation. Your appeal must be submitted in writing and received by Parking Services within seven business days of issuance of the citation. After seven business days the fine escalates and the appeal will not be accepted.

The citation and Parking Citation Appeal Request will be reviewed by a Campus Police Department Supervisor for accuracy and completeness. Both items will then be sent to the Parking Appeals Hearing Officer for review. An incomplete or late form may result in denial of the appeal at the Supervisor's review. Your statement should contain clear and concise information so the Parking Appeals Hearing Officer can fairly evaluate your appeal. The Hearing Officer's determination will be mailed to you within seven days after the hearing. The decision of the Hearing Officer is final.

If the Parking Appeals Hearing Officer assesses a fine, the fine must be paid to Parking Services by the payment due date included on your notice. To insure proper credit for the payment of your fine, please include the citation number and your Student or Faculty ID number on your check or money order. Fines that are not paid by the due date will be doubled and forwarded to Arapahoe Community College Accounting Services for collection.

PARKING CITATION APPEAL INFORMATION

Please print clearly. Be specific when explaining why you feel that dismissal of the citation is warranted.

Full Name: \_\_\_\_\_

Email Address \_\_\_\_\_

(Citation Number)

Address: \_\_\_\_\_

(Violation/Location)

City, State, Zip: \_\_\_\_\_

(Date & Time Citation Issued)

( ) ( ) \_\_\_\_\_

(Home Phone)

(Work Phone)

(Vehicle License Number)

Student [ ] Faculty/Staff [ ] Visitor [ ] ACTS [ ] Fitness Center [ ] Other [ ] \_\_\_\_\_

Student/Faculty ID Number: \_\_\_\_\_

Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If more room is needed, please attach a separate sheet of paper.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I acknowledge this is my only appeal and the decision of the Hearing Officer is final.

FOR OFFICIAL USE ONLY

**Parking Appeal Notes**

Appeal Form Turned In To: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Issued [ ] Date: \_\_\_\_\_

Customer Number: \_\_\_\_\_

Previous Citation(s): \_\_\_\_\_

Violation(s): \_\_\_\_\_

Comments:

Result of Appeal Mailed [ ]

Date: \_\_\_\_\_

**Police Department Supervisor Review**

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Appeal Form: [ ] Submitted Within 7 Business Days of Citation

[ ] Form Complete and Signed

[ ] Citation Attached

[ ] Accepted/Forward for Review

[ ] Not Accepted

[ ] Dismiss

Comments:

**Parking Appeals Hearing Officer Review**

Parking Appeals Hearing Officer: \_\_\_\_\_

[ ] Citation Dismissed [ ] Guest Lecturer [ ] Interview [ ] Administrative Guest [ ] Other \_\_\_\_\_

[ ] Citation Valid

[ ] Citation Reduced Fine Amount \$ \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_