



# Indian River State College Parking Appeal Form

Please Note: DO NOT leave any Section blank (failure will result in automatic appeal denial). Further, the citation must be submitted along with the appeal again, failure to do so will result in automatic appeal denial). Appeal must be submitted within 10 business days of the citation.

Please print or type legibly

Student ID Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Do you live in the River Hammock:    † Yes            † No

\_\_\_\_\_

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

I am primarily a (Please mark one):    † Student    † Faculty/Staff    † Visitor    † Other

If a student, what is your student status: † Freshman    † Sophomore    † Junior    † Senior

Campus where violation occurred:    † Main    † Pruitt    † Mueller    † Chastain    † Dixon Hendry

Ticket/Citation Number: \_\_\_\_\_ Violation Date: \_\_\_\_\_

Violation Time: \_\_\_\_\_ † a.m.    † p.m.    Parking Decal Number: \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

I submit the following facts/circumstances in support of this appeal (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Reviewed by: Appeal: \_\_\_\_\_            † Accepted            † Denied