

**University of Arkansas for Medical Sciences
Traffic Violation Appeal Form**

	CHECK ONE	DECAL #
Faculty		
Student		
Employee		

FOR FACULTY, EMPLOYEES & STUDENTS

VIOLATION #	DATE

YELLOW TICKET REQUIRED

GENERAL INFORMATION

1. Appeals may be taken to the **UAMS Parking Office** (Located on the 2nd floor of the Distribution Center) or mailed to slot #582, **NO LATER THAN Seven (7) days** from date of ticket.

PLEASE ATTACH YELLOW TICKET TO APPEAL FORM
Appeals will not be reviewed if not received within 7 days.

2. You will be notified in writing of the outcome of your appeal.
3. Ignorance of University of Arkansas for Medical Sciences Vehicle Regulations is not a valid reason for appealing a traffic violation.

Please Print All Information

Name of Person Making Appeal: _____

Local Address: _____

UAMS Mail Slot #: _____

Work Phone Number: _____

Violation (s) Marked on Ticket: _____

Reason(s) for Appeal: (Please be specific): _____

Date: _____

Signature: _____

Printed Name: _____

For Office Use Only	
Void: _____	Denied: _____
Reduced: _____	to: \$ _____

TRAFFIC APPEAL COMMITTEE ACTION

Appeal Violation# _____ Void: __ Denied: __ Reduced: __ to \$ _____

Note: Denied or reduced appeal must be paid within 14 days of appeal in order to avoid penalty charge.

Reason for denied or reduced ticket(s):
