

# University of Arkansas for Medical Sciences Parking Violation Appeal Form

|          | CHECK ONE | DECAL # |
|----------|-----------|---------|
| Faculty  |           |         |
| Student  |           |         |
| Employee |           |         |

*FOR FACULTY, EMPLOYEES & STUDENTS*

| VIOLATION # | DATE |
|-------------|------|
|             |      |
|             |      |
|             |      |

## GENERAL INFORMATION

1. Appeal Submission

- A. Submit via email to [Parking@uams.edu](mailto:Parking@uams.edu). Please include a copy of the applicable violations.
- B. Inter-Departmental Mail Parking Operations @ Slot 582. Please include the Yellow Copy.
- C. Drop off at the UAMS Parking Office (2<sup>nd</sup> floor of the Distribution Center). Please include the Yellow Copy.

**Appeals received after Seven (7) days from date of ticket will not be reviewed**

**ATTACH YELLOW VIOLATION TO APPEAL FORM or a PHOTOCOPY if submitted via email**

- 2. The outcome of appeal will be sent via email
- 3. Ignorance of UAMS Regulations is not a valid reason for appealing a UAMS parking 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:** \_\_\_\_\_

|  |
|--|
| <b>For Office Use Only</b><br>Void: ___ Denied: ___<br>Reduced: ___ to: \$ ___ |
|--|

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## PARKING 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):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_