

___Student ___Faculty/ Staff **TRAFFIC APPEAL FORM** Date Submitted: _____

Name: _____ Ticket# _____ Decal # _____

AASU Email: _____ University ID # _____

APPEALS WILL NOT BE CONSIDERED FOR THE FOLLOWING PARKING VIOLATIONS:
Parking in a Reserved Space, Loading Zone, Fire Lane, Handicapped Space without a permit,
and Students parked in Faculty spaces; or for tickets submitted more than 7 days after date issued.

Reason for Appeal (Use back of form if needed): _____

**(Attach copy of ticket and leave in
Office of Student Activities)**

Signature