



PARKING CITATION APPEAL

(PLEASE COMPLETE IN INK)

Notice: New College Parking Regulations provide that persons wishing to appeal a parking citation must do so within **fourteen (14)** calendar days of the date the citation was issued or the right to appeal is forfeited. Within 14 days, return the completed form to the Parking Office at 5800 Bay Shore Road, Sarasota, FL 34243 Palmer D Bldg. Room 123 Phone: 941-487-4626.

___ First Appeal First appeal must be made within **FOURTEEN (14)** calendar days of the date of the citation.
___ Final Appeal Final appeal must be made within **FOURTEEN (14)** calendar days of the first appeal decision.

Name _____ ID #(N) _____
Last First

Vehicle registered to (if name is different from above) _____

Address _____
Street City State Zip Code

Telephone _____ E-Mail Address _____

Student Faculty Staff Other (circle one) Campus Address _____ Campus Telephone _____

Citation & Vehicle Information

Citation # _____ Citation Date _____ NCF Permit # _____
Drivers License # _____ State _____
License Plate # _____ State _____
VIN # _____

Reason for Appeal

Please provide specific facts which substantiate extenuating circumstances and support your appeal.

Continue on reverse

All information provided to NCF on the document is accurate and complete.

Signature (required) _____ Date _____

-----For Office Use Only-----

HEARING DECISION Citation Dismissed Citation Upheld Signature _____ Date _____

Date Appeal Received _____ Received by _____

Note _____