



DEPARTMENT OF TRANSPORTATION SERVICES

Parking Violation Request for Review

Name: _____

University ID #: _____

Email: _____

Address: _____

Citation (ticket) #: _____

DOTS Use Only

Preferred Contact: Email Letter

You are required by law to either pay this fine or request a review within **15 calendar days** of this violation, otherwise, you will be assessed an additional **\$30 late fee** and forfeit your right for review. Please write a clear explanation as to why you would like your ticket voided or reduced. You may submit documentation to support your claim by attaching files to your request for review. You will receive written notification of a decision within two weeks. If you do not receive a letter within that time, it is your responsibility to follow up on your appeal by calling (301) 314-PARK. Students making false statements will be referred to the Office of Student Conduct for appropriate action.

I, the undersigned, attest and certify that the matters herein set forth are to the best of my knowledge, true.

Signature: _____ Date: _____