

Division of Student Services

TICKET DISPUTE FORM

Date:	
Student Name:	Student ID#:
Address:	Phone #:
Ticket #:	Date of Violation:

Please use the space provided below to describe why you are disputing your ticket. The completion of this form does not guarantee the removal of this ticket from your record, only that it will be reviewed. This form must be present during a scheduled dispute meeting with the Director of Facilities Management within 7 days of the ticket's issuance. Please print clearly.

Received:		
Dispute granted:	(This parking citation will be voided)	
Dispute denied:	(You will have to pay this parking ticket)	
Signature:		
Comments:		