

**PARKING CITATION APPEAL**

Full Name: \_\_\_\_\_ Name of Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permit Type:  UConn Health Area 1 \_\_\_\_\_  Emeritus/Retiree \_\_\_\_\_  
(If registered)  UConn Health Area 3 \_\_\_\_\_  Volunteer \_\_\_\_\_  
 Student \_\_\_\_\_  Contractor \_\_\_\_\_  
 Resident/Fellow \_\_\_\_\_  Handicap # \_\_\_\_\_

Patient/Visitor

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**TICKET & VEHICLE INFORMATION**

Ticket number: \_\_\_\_\_ Vehicle license number: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ State license plate issued: \_\_\_\_\_  
Type of Violation: \_\_\_\_\_ Location on Campus: \_\_\_\_\_

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**REASON FOR APPEAL**

Please describe the reason for your appeal:

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\_\_\_\_\_  
\_\_\_\_\_

**APPEALS MUST BE SUBMITTED WITHIN 30 DAYS OF THE TICKET ISSUE DATE**

Return Appeal form to:  
UConn Health  
Parking, Transportation & Event Services  
263 Farmington Avenue, Farmington, CT 06030-8230