

**CAMPUS PARKING SERVICES  
PARKING CITATION APPEAL FORM**

Any person may appeal the issuance of a parking citation by filing a written appeal with the UNMC/Nebraska Medical Center Parking Services Department. Appeals may be mailed to: Parking Services, 985001 Nebraska Medical Center, Omaha, NE 68198-5001, or faxed to: (402) 559-3500. **APPEALS MUST BE RECEIVED IN WRITING WITHIN FOURTEEN CALENDAR DAYS FROM THE DATE APPEARING ON THE PARKING CITATION. APPEALS WILL NOT BE CONSIDERED AFTER THAT TIME.** Notification of the decision of an appeal will be made in writing or by telephone. If an appeal is denied, the written appeal may then be submitted to the UNMC/Nebraska Medical Center Parking Committee within fourteen calendar days of the initial denial date. The appellant is welcome to attend the meeting to present their position and to answer questions. ***If you file an appeal, you DO NOT need to immediately pay the fine. If the appeal is denied, the original amount of the fine will be due within fourteen days of notification.***

**Any appeal form not completely filled out or missing relevant information will be grounds for immediate denial.**

Name: \_\_\_\_\_ Last 4 digits of SS #: \_\_\_\_\_  
(Last) (First) (M.I.)

Campus or Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Affiliate:  UNMC  Nebraska Medical Center  UNMC-Physicians  Student  Tenant  Visitor

Parking Citation #: \_\_\_\_\_ Date of Citation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Violation #: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_ State: \_\_\_\_\_

Parking Permit # (if applicable): \_\_\_\_\_

**State reason for appeal (please print legibly).**

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Signature of Appellant

**\*\*FOR PARKING SERVICES OFFICE USE ONLY\*\***

This appeal has been:  Approved  Denied      Comments: \_\_\_\_\_

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Date of Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_      Notified via:  Phone  Mail (sent to home/campus address)

Person Notified: \_\_\_\_\_      Notification Completed By: \_\_\_\_\_