Citation Reappeal Form

Parking Services, University of Massachusetts, Amherst 51 Forestry Way Amherst, MA 01003-6510
Phone: (413) 577-PARK  Fax: (413) 545-4440  Website: http://parking.umass.edu  Email: parking@umass.edu

Appeals must be received within 14 days of citation issuance
and may be filed at http://parking.umass.edu, by mail, or by appointment.

Applicant’s Information:
Name: ____________________________
Campus ID#: _______________________
Cell Phone#: _______________________

☐ Subscribe to Text Messaging Notification (Wireless service providers may charge for each text message.)
Email Address: _______________________
Local/Campus Address: _______________________
City: ____________________________
State: __________________ Zip Code: ____________

Vehicle Owner’s Information:
Name: ____________________________
Campus ID#: _______________________
Email Address: _______________________
Local/Campus Address: _______________________
City: ____________________________
State: __________________ Zip Code: ____________

Citation #: _______________________
Date Issued: _____ / _____ / _________
State/Plate Number: _____ - _________
Appeal UID#: _______________________

Citation #: _______________________
Date Issued: _____ / _____ / _________
State/Plate Number: _____ - _________
Appeal UID#: _______________________

Citation #: _______________________
Date Issued: _____ / _____ / _________
State/Plate Number: _____ - _________
Appeal UID#: _______________________

Reappeal Request:
To appeal the Hearing Clerk’s decision to the Hearing Review Board, this form must be completed in full and returned to Parking Services within Ten business days of the postmarked date on the decision envelope. In most cases, the decision made by the Hearing Clerk is final. Appeal of this decision can only be made if you can meet at least one of the following guidelines. Please provide all documentation at the time of submitting the form.

☐ New evidence not presented at the hearing that could affect the decision.
☐ A procedural error or irregularity that could affect the decision.
☐ Decision is not supported by facts or evidence presented.

________________________

Signature of Applicant: ____________________________
Date: _____ / _____ / _________

OFFICE USE ONLY
Processed By: ____________________________
Date: _____ / _____ / _________
Decision: ____________________________

My signature affirms that all of the above information is true and correct to the best of my knowledge. I am aware that failure to pay outstanding citation(s) may result in the inability to register for classes and/or withholding of transcripts/diploma.

________________________
Signature of Applicant: ____________________________
Date: _____ / _____ / _________

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