Form Must Be Completely Filled Out

Citation Reappeal Form

Account Number

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 finial. 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.

_____
_____
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_____

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:** _____/_____/_____

OFFICE USE ONLY

Processed By: _____ Date:_____ / _____ / _____

Decision: _____
_____
_____