

Capital University

CAPITAL UNIVERSITY PARKING APPEAL FORM

Name: _____ Capital ID # _____
Please print clearly

Email: _____ Cell Phone: _____

Home Address: _____
Street City State ZIP

5 Digit Parking Citation # _____

Check one

Plea: Not At Fault At Fault, Extenuating Circumstances No Contest

I wish to appeal the above listed citation(s) on the following grounds:

Check one

I will attend the hearing I do not plan on attending the hearing

I hereby affirm that all the information given herein is true _____

Signature

Date

Note:

"This form may be mailed, or submitted in person, to the Public Safety Office, 661 College Avenue, Bexley, Ohio 43209. This hearing form will be submitted to the Parking Appeals Committee for review. The Department of Public Safety must receive the completed appeal form within five (5) business days from the date the citation is processed. Visitor Lot parking violations and Handicapped Parking violations are not appealable. Administrative Evaluation: Public Safety will perform an administrative evaluation of all appeals.

Parking Appeals Committee: The committee will notify the appealing student of the hearing date, time and location at least three days in advance, normally via campus mail or email. The appellant has the choice at the bottom of the form to attend or not attend their hearing. Once notification is sent, the case will be heard whether the appealing individual is present or not. At the hearing the committee will allow any additional pertinent testimony in the case; then by majority, render a decision. The decision of the committee is final." [Capital University Parking Regulations section 2D, page 9]