



Parking Ticket Appeal Form

Parking & Transportation Services, 1 College Circle, Schrader Hall Room 19, Geneseo, NY 14454

I, _____, request a hearing before the Parking Appeal Committee for the ticket described below:

Ticket Information:

Ticket #: _____

Date: _____

Time: _____

Location: _____

Offense: _____

Check One:

☐ Schedule to meet with Appeal Committee (date & time will be emailed to you)

☐ Submit as written appeal

Check Affiliation with SUNY Geneseo:

☐ Faculty/Staff

☐ Visitor/Guest

☐ Resident Student

☐ Contractor

☐ Commuter Student

☐ Vendor

Appeal Basis (Attach supporting documentation such as witness statements, photographs, or any other proof that supports your appeal):

Please describe what you are seeking by submitting this appeal:

False or misleading statements or failure to disclose pertinent information will result in denial of appeal. It may also result in the loss of permit privileges and/or other administrative action. The Parking Appeal Committee is the final recourse for all appeals. There is no other person/group that can hear an appeal after the Committee has made its decision.

Signature: _____ Date: _____

Print Name: _____ G Number (optional): _____

Mailing Address: _____

Phone: _____ Email: _____

PTS/UPD Signature: _____ Date: _____

Appeal Board Decision:

☐ Appeal Granted

Reason/Comments:

☐ Appeal Denied

☐ Violation Found –
Fine Reduced to \$_____

Adjudicator Signature: _____ Date: _____

Payments can be made in person at Schrader 19, online at geneseo.edu/pts or by mail to Parking & Transportation, 1 College Circle, Geneseo, NY 14454.