



East Stroudsburg University  
Parking Department  
Hemlock Suites  
161 Smith St., Ground Floor

PARKING TICKET APPEAL

Parking ticket appeals will not be reviewed without completing and submitting an appeal form, along with the original ticket to the Parking Office within 5 business days of the ticket issuance. Please include any supporting documentation relevant to the appeal. The Parking Manager or Issuing Officer has 10 business days to review the appeal and render a decision which will be emailed to the address provided below.

NAME: \_\_\_\_\_ 9 DIGIT ESU ID#: 000

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PLATE #: \_\_\_\_\_ TICKET #(s): \_\_\_\_\_

STATEMENT OF APPEAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the information provided is true and correct. I also understand that I may be responsible for the payment of this ticket if my appeal is denied. Appeals not resolved by the Parking Manager or Issuing Officer may be forwarded to the University Parking Appeals Committee at the request of the violator. Decision of the appeals committee will be final. Notification will be sent to the applicant of the action taken by the committee.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you would like a copy of this appeal please ask when submitting the form to the Parking Office.

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This section to be completed by ESU staff

REVIEWED BY: \_\_\_\_\_ APPEAL APPROVED: \_\_\_\_\_ APPEAL DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
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\_\_\_\_\_