



**UNIVERSITY POLICE**  
 Vance Hall, CPO #2500  
 One University Heights, Asheville NC 28804  
 (828) 251-6710 – [pub\\_safety@unca.edu](mailto:pub_safety@unca.edu)

## PETITION OF PARKING CITATION

Completion of this form is your Petition to contest a parking citation. Complete this form in its entirety, attach a copy of the citation(s), attach any documentation that may assist your case and return to University Police. Incomplete forms or forms not submitted within 10 business days will not be considered. The Hearing Officer will review this Petition and notify petitioner within 60 days. If this Petition is denied, the petitioner may submit an Appeal (forms at: University Police, Vance Hall) within 10 business days of receipt of the Petition denial letter. The Appeal must contain new information from the previous Petition. The Appeal will be forwarded to the Transportation Committee, which is the final arbitrator of Parking Appeals.

<b>Classification:</b> <input type="checkbox"/> Faculty / Staff <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate (specify school): <input type="checkbox"/> Other: (specify):	<b>Enter the following information from your copy of the citation:</b> Citation Number _____ Date Issued _____ Decal Number _____ Tag Number _____	<b>Are you the registered owner of the vehicle?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, print the name and address of the registered owner below: _____ _____ _____
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**Contact Information:**

<i>Name</i>	<i>OneCard I.D. Number</i>		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Campus Address</i>	<i>CPO</i>	<i>Email Address</i>	<i>Phone Number</i>

**State the reason for this petition below (use back if necessary):**

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\_\_\_\_\_

\_\_\_\_\_

I affirm that this statement is, to the best of my knowledge, true and accurate.

<i>Signature</i>	<i>Date</i>
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**FOR OFFICE USE ONLY**

Date Received <input type="checkbox"/> PC <input type="checkbox"/> SO <input type="checkbox"/> DI	Disposition: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Reduced <input type="checkbox"/> Other:	Comments: _____ _____ _____ _____ Date of Review: _____ Signature: _____
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**Amount Due: \$**