

# APPEAL REQUEST FORM

**THOROUGHLY READ ALL INFORMATION ON THIS PAGE.** First Appeals are not accepted after 21 calendar days of citation issue date. Second Appeals MUST be submitted and Paid in Full within 14 calendar days of the First Appeal Decision.

Complete and submit this form (which may include attachments) to the CSU Parking Office. Or submit appeals and attachments using the CSU Online Parking System at <https://csuparking.t2hosted.com>. Citation photos may also be viewed online.

**Appeals should ONLY be submitted by the vehicle owner/driver.** Appeals submitted by a third party become responsible for the cited vehicle. Additional appeal information can be found on the CSU Parking Website and on the CSU Online Parking System.

Remember to submit all requested information to avoid delays in processing. Completed forms may be sent via USPS or attached in an email to [parking@csuohio.edu](mailto:parking@csuohio.edu). **Appeals must be received, time stamped, or postmarked within twenty-one (21) calendar days of the citation date. Late fees will be added 21 days from the date issued.**

**NOTE: The citation must be paid within the first 72 hours to avoid the escalation fee, including those that are appealed. Outstanding accumulated balances over \$99 may result in the impoundment or immobilization of the vehicle, regardless of appeal status.**

**Decisions are sent via email; ensure your email address is correctly written.** Denied appeals require payment in full of the citation amount within 10 business days.

If your appeal is denied, you may petition the Parking Review Board (PRB). **Second appeals must be submitted, time stamped, or postmarked within 14 calendar days of the first appeal decision, and the citation must be paid in full to be processed.** A personal appearance with the PRB may be requested and is scheduled during regular PRB meetings. **“No shows” will be adjudicated with the submitted second appeal documents.**

**FIRST APPEAL:**  Written      **SECOND APPEAL:**  Written **OR**  Personal Appearance (Designated Days and Time)

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Citation Date: \_\_\_\_\_ Citation # \_\_\_\_\_

**Written statement required for First and Second Appeals** (statements such as “I forgot”, “Running late”, and “I didn’t know” are not considered valid reasons for waiving a citation)

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date Received _____/By _____	Date Entered _____/By _____
( ) Student	Date Verified _____/By _____	
( ) Faculty/Staff		
( ) Visitor	Date Reviewed _____/Director or Designee _____	
<input type="checkbox"/> Uphold	<input type="checkbox"/> Warn	<input type="checkbox"/> Void
<input type="checkbox"/> Deny	<input type="checkbox"/> Reduce \$ _____	Letter Code _____