



Urban Campus Parking Appeal

Date: _____

Mail or Deliver To: Student Life – Parking Appeals Committee
UC01-101 / Student Life – Associate Provost
1100 7th Street
Des Moines, IA 50314

I hereby give notice of appeal to the Parking Appeals Board for the charges made against me for violation of the parking regulations.

This appeal should be made within the ten student contact days from the date of issuance and as stated on the face of the ticket.

I understand that only one appeal (written and/or personal appeal combined) is allowed and the decision of the Appeals Board is final.

This appeal is based on the following: _____

Signature _____ Social Security No. _____

Address _____ City _____ State _____ Zip _____

License Number _____ Ticket Number _____