

PARKING CITATION APPEAL

Full Name: _____ Name of Registered Owner: _____
Street Address: _____ Street Address: _____
City, State, Zip Code: _____ City, State, Zip Code: _____
Home Phone: _____ Email Address: _____

Permit Type: UConn Health Area 1 _____
(If registered) UConn Health Area 3 _____
 Student _____
 Resident/Fellow _____

Emeritus/Retiree _____
 Volunteer _____
 Contractor _____
 Handicap # _____

Patient/Visitor

TICKET & VEHICLE INFORMATION

Ticket number: _____ Vehicle license number: _____
Date Issued: _____ State license plate issued: _____
Type of Violation: _____ Location on Campus: _____

REASON FOR APPEAL

Please describe the reason for your appeal:

APPEALS MUST BE SUBMITTED WITHIN 30 DAYS OF THE TICKET ISSUE DATE

Return Appeal form to:
UConn Health
Parking, Transportation & Event Services
263 Farmington Avenue, Farmington, CT 06030-8230