Any person may appeal the issuance of a parking citation by filing a written appeal with the UNMC/Nebraska Medical Center Parking Services Department. Appeals may be mailed to: Parking Services, 985001 Nebraska Medical Center, Omaha, NE 68198-5001, or faxed to: (402) 559-3500.

**APPEALS MUST BE RECEIVED IN WRITING WITHIN FOURTEEN CALENDAR DAYS FROM THE DATE APPEARING ON THE PARKING CITATION. APPEALS WILL NOT BE CONSIDERED AFTER THAT TIME.** Notification of the decision of an appeal will be made in writing or by telephone. If an appeal is denied, the written appeal may then be submitted to the UNMC/Nebraska Medical Center Parking Committee within fourteen calendar days of the initial denial date. The appellant is welcome to attend the meeting to present their position and to answer questions. *If you file an appeal, you DO NOT need to immediately pay the fine. If the appeal is denied, the original amount of the fine will be due within fourteen days of notification.*

Any appeal form not completely filled out or missing relevant information will be grounds for immediate denial.

| Name: _____________________________ (Last) _____________________________ (First) _____________________________ (M.I.) | Last 4 digits of SS #: ___________ |
| Campus or Home Address: ____________________________________________________________ |
| City: ______________ State: _______ Zip: __________ Contact Phone #: ______________________________ |
| Affiliate: ☐ UNMC ☐ Nebraska Medical Center ☐ UNMC-Physicians ☐ Student ☐ Tenant ☐ Visitor |

| Parking Citation #: _____________ Date of Citation: _______/_____/______ Location: ____________ |
| Violation #: _______ Vehicle License #: _________________ State: __________ |
| Parking Permit # (if applicable): ____________________________ |

State reason for appeal (please print legibly).

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

x

Signature of Appellant

**FOR PARKING SERVICES OFFICE USE ONLY**

This appeal has been: ☐ Approved ☐ Denied Comments: ____________________________
_____________________________________________________________________________
_____________________________________________________________________________

Date of Notification: _____/_____/_____ Notified via: ☐ Phone ☐ Mail (sent to home/campus address)

Person Notified: ____________________________ Notification Completed By: ____________________________