University of Colorado **Boulder**
Parking & Transportation Services

Parking and Transportation Services Department
1050 Regent Drive 502 UCB
Boulder, CO 80309-0502
(303) 492-7384

Business Hours:
8:00 am – 5:00 pm (Fall & Spring)
7:30 am – 4:30 pm (Summer)

Request for Parking Citation Appeal

Note: Please read this entire form carefully, and ***understand the criteria*** for requesting an appeal.

There is a $5 non-refundable fee associated with any appeal filed by paper form or by email. The $5 fee is due at the time the appeal is submitted. Checks may be made payable to University of Colorado. Cash and credit cards are also accepted at our customer service window at 1050 Regent Dr.
Appeals may be submitted at no charge via our website at www.colorado.edu/pts.

Appeals submitted using the following arguments will not be accepted and will not be reviewed by an appeal referee. Appeals submitted using one of these arguments will be rejected and the $5 fee will not be refunded.

1. I don't agree with or I don't know the regulations.
2. I couldn't find space in my assigned parking lot.
3. I have been parking this way for a long time and have never received a citation until now.
4. I was late for a class/meeting or my class/meeting ran late.
5. I can't afford to pay the citation fine.
6. "Someone" told me to park there.
7. I was only in violation for a short time.
8. I didn't see the sign.
9. I parked in an ADA space and do not own a valid ADA placard or plate.
10. I forgot to pay.

A $10 fee will be applied for any decisions where the appeal is denied and the citation is upheld.

Request for Parking Citation Appeal

Note: Please read this entire form carefully, and ***understand the criteria*** for requesting an appeal.

This is an application to appeal a parking citation. The written citation appeal must provide **factual** information related to your belief that a citation should be dismissed.

Parking and Transportation Services makes every effort to regulate parking according to well-defined, specific regulations but understands that under some circumstances you may have sound reasons for appealing a citation. **Your unhappiness about receiving a parking citation, by itself, is not a sufficient reason for requesting an appeal or for dismissing a citation.**

Appeal Criteria:

Before you file an appeal, determine whether your circumstances meet one of the criteria listed below. On the following page, you will be required to select an appeal criteria (1, 2 or 3) for each citation being appealed. The following shall be the grounds upon which an appeal will be considered:

1. You have substantial and valid evidence that the alleged parking violation was not committed.

2. Though the violation charged was committed, you have substantial and valid evidence that it occurred due to circumstances beyond your control.

3. The violation charged occurred under circumstances where you believed you were not committing a violation, and where a reasonable and prudent person under the same or similar circumstances would have acted in the same manner.

How to Request an Appeal:

1. Be certain that your appeal meets one of the criteria mentioned above. Appeal criteria must be indicated for each citation being appealed.
2. Submit all relevant information and evidence supporting your appeal when you submit your appeal petition. Relevant information and evidence may include, but is not limited to:
   a. Your signed statement describing the facts and circumstances surrounding the parking citation (use form below),
   b. Signed statements of witnesses who possess personal knowledge relevant to the citation,
   c. Payment receipts, photographs, diagrams, a physician's statement or other medical information or invoices and repair bills.
3. Complete the Request for Parking Citation Appeal form and Appellant's Statement form and submit all other relevant information within 14 days from the date the citation was issued. Information and evidence not submitted at the time of the filing of your Request for Parking Citation Appeal will not be considered unless you demonstrate clearly that it could not be obtained and submitted within that time.
4. List at the bottom of the Appellant's Statement form (where indicated) the evidence being submitted.
5. Return the completed Request for Parking Citation Appeal forms to Parking and Transportation Services. The Citation Appeal referee will review the appeal within approximately 3 weeks from the date the appeal petition is filed.

Avoid Filing a Frivolous and Groundless Appeal:

If your appeal **lacks sound factual evidence** and **is not supported by a rational argument** based upon evidence or law, it may be determined to be Frivolous and Groundless. An appeal also may be Frivolous and Groundless if it is **brought in bad faith**. Bad faith includes conduct that is arbitrary, annoying, abusive or disrespectful of the truth, accuracy, or the tribunal. If your appeal is determined to be Frivolous and Groundless, you will be assessed a $25.00 fine in addition to the parking citation fine.

Who Can Request an Appeal:

The written appeal must be submitted by the person responsible for parking the vehicle at the time the citation was issued.

Please Note: Your appeal will be reviewed within **approximately** three (3) weeks from the date your Request for Parking Citation Appeal is filed. Notification of the Appeal Referee's decision will be sent to the email or mailing address provided on the previous page. Email decisions will be sent from ptsbus@colorado.edu.

Request for Written Citation Appeal

Fill out this form. ***Please print clearly or type.*** *Attach the citation(s) you are appealing to this form. Refer to second page for appeal criteria.*

Citation Information:

Citation Number:_____ Date Issued:_____ Appeal Criterion: Select Plate # & State:_____ Towed: □Y □N

Citation Number: _____ Date Issued:_____ Appeal Criterion: Select Plate # & State:_____ Towed: □Y □N

Personal Information:

Full Name: _____

Email Address:_____

*Please be aware your appeal results will be sent to you, via the email address you provided us on your appeal, from '**ptsbus**'. Please check both your regular inbox and your "junk" box for your results.*

Address:_____ City: _____ State:_____ Zip:_____

Student/Employee ID Number:_____ Phone Number: _____

Please Check One: □CU Student □Faculty/Staff □Visitor

Vehicle Owner's Name (if different from above):_____

Address:_____City: _____State:_____ Zip:_____

Please use the form on the next page for your statement.

Appellant's Statement

Print clearly or type your reasons for appealing the citation(s). Your appeal statement should be clear and concise. It should include all relevant and substantive information such as a diagram, a doctor's statement, an invoice or repair bill. You may attach additional sheets if you need more space. Please print an extra copy for your records.

I understand the information provided regarding the appeal criteria. By signing below I certify that I was the person responsible for parking the vehicle at the time of the citation. I also understand that I may be fined $25.00 for a Frivolous and Groundless appeal if the appeal criteria are not met. I understand that if my appeal is denied, any fine(s) determined to be due and payable as a result of this appeal must be paid within 14 days from the date of denial or additional penalty fines will accrue. I understand there is a $10 fee applied when appeals are denied. Unpaid fines will be forwarded for collection.

I hereby certify that the above information is true: _____
Signature

Additional information and evidence (check appropriate box and attach)

- □ Signed witness statement(s)
- □ Invoices/ Repair bills
- □ Physician's statement
- □ Medical Information (describe):
- □ Photograph(s)
- □ Diagram(s)
- □ Other:
- □ Permit/Payment Receipts

OFFICE USE ONLY:

Date Received:_____ Customer Account #:_____ PTS Employee Initials:_____
Appeal #: _____ Receipt #: _____