Parking & Transportation Services
UNIVERSITY OF COLORADO BOULDER

Department of Public Safety
Parking and Transportation Services Division
1050 Regent Drive
Boulder, CO 80309-0502
(303) 492-1538

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.

When to Request 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:

For purposes of this section, neither the fact that the parking violation was short of duration, nor the fact that all of the designated parking spaces in an area were occupied at the time of the citation, is, by itself, sufficient grounds for appeal. ***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.
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 Appellant's Statement form),
   b. Signed statements of witnesses who possess **personal knowledge** relevant to the citation,
   c. 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 five business days** form the date the citation was issued. **Information and evidence not submitted at the time of the filing of you 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) Enclose the citation (ticket).
6) 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.

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Today's Date:_____

Request for Written Citation Appeal

Fill out this form. ***Please print clearly or type.*** *Attach the citation(s) you are appealing to this form.*

Citation Information:

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

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

Personal Information:

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 ID Number:_____ Phone Number: (_____) _____ - _____

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

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

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

I understand the information provided regarding the appeal criteria. 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 10 business days from the date of denial or additional penalty fines will accrue. Unpaid fines will be forwarded for collection.

Your Signature: _____

Please use the form provided on the back of this sheet for your statement.

OFFICE USE ONLY:

Ref #:_____ Customer Account #:_____ PTS Employee Initials:_____

Notes:

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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.

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I hereby certify that the above information is true:_____

Appellant's Signature Date

Additional information and evidence supporting Appellant's Statement (check appropriate box and attach):

- □ Signed witness statement(s)
- □ Invoices/ Repaid bills
- □ Physician's statement
- □ Medical Information (describe):
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- □ Photograph(s)
- □ Diagram(s)
- □ Other: _____
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Please Note: Your appeal will be reviewed within **approximately** 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.

Last Revised: 5/10/11