



Oregon State University
Transportation Services

PARKING VIOLATION APPEAL FORM

NAME _____ DATE _____

ADDRESS _____ OSU ID # _____

CITY, STATE, ZIP _____ CITATION # _____

CITATION DATE _____

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- All appeals must be submitted within 10 days from the date of citation to be considered.
 - Payment of citation(s) **MUST** accompany appeal for review.
 - I wish to appear before the court in person: YES NO

The following facts are submitted in support of the appeal (attach additional sheets if necessary):

I hereby certify that the above is a true and accurate statement.

SIGNATURE _____

Print and sign completed form, and deliver to: OSU Transportation Services, 100 Adams Hall, Corvallis, OR 97331