

University of South Carolina Beaufort

PARKING VIOLATION APPEAL FORM

Date of Appeal _____ License Plate No. _____ State _____

Name _____ Summons No. _____

Address _____ Date of Ticket _____

City, State, Zip _____ Type of Violation _____

Social Security Number _____ Telephone Number _____

Do you have a valid USCB decal? ___ yes ___ no Decal No. _____

PLEASE SUBMIT THIS FORM TO THE BUSINESS OFFICE.

Appeal:

I wish to appeal the above reference violations for the following reasons:

Signature

APPEAL DECISION

The appeal was: _____ Approved _____ Denied _____ Reduced

Comment/Explanation by Parking Appeals Committee:

**Fine must be paid
within 5 working days
of the date.**

Signature

Date